



ROBERT A. CRAIN SCHOLARSHIP APPLICATION

Name: _____

Address: _____

Phone: _____ E-mail: _____

Birthdate: _____

hereby applies to the Lutheran Sports Association of Illinois for aid in the form of a one year educational scholarship/ grant available to students above the high school level who are attending institutions of higher learning affiliated with the Lutheran Church.

The following expenses are expected to be incurred for the coming year:

Amount of college money expected from various sources:

_____	Registration	_____	Family
_____	Tuition	_____	Earnings during summer
_____	Room and Board	_____	Earnings during school year
_____	Transportation	_____	Loans, scholarships, grants
_____	Textbooks	_____	Other
_____	TOTAL	_____	TOTAL

For Scholarship/Grant Applicants: Freshman Sophomore Junior Senior Other (Describe) (Circle One)

List past and present church and community activities:

Briefly state your educational goals and plans after college:

On separate sheets of paper provide:

- 1.) Description and dates of past Lutheran Sports Association of Illinois STATE experience(s).
- 2.) Letter of recommendation from church worker or pastor.
- 3.) Letter of recommendation from non-family member.

APPLICATION for scholarship grants must be made to the Lutheran Sports Association of Illinois (LSA address: 2811 Hobson Road, #3 Woodridge, IL 60517-1504 before January 1 or July 1 of the current year. Written notification of the amount of the scholarship/grant will be sent to each applicant within 60 days. Scholarship grants will be awarded in the amount of \$500.00 per year.

The Lutheran Sports Association of Illinois will judge each applicant on its own merits. At least two male and two female scholarship/grants are planned to be awarded annually.

I understand that scholarship monies will be paid directly to the recipients of the Crain Scholarship who is attending _____ located at

_____. I understand all of the information to be true and correct.

Student's signature: _____ Date: _____

Parent/Spouse signature: _____ Date: _____

Parent/Spouse Name: _____