

# 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.

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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

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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: 360 Falconridge Way, Bolingbrook, IL 60440) before January 2 or July 1 of the current year. Applications may be scanned and e-mailed to [acrouse@luthsports.org](mailto:acrouse@luthsports.org) before the deadlines as well. 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: \_\_\_\_\_