



Hall Of Fame Scholarship Application

Name: _____

Address: _____

Phone: _____ E-mail: _____ Birthdate: _____

hereby applies to the Lutheran Sports Association of Wisconsin 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.

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 Wisconsin 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 Wisconsin (LSA address: PO Box 13474, Wauwatosa, WI 53213) before February 22th . 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 Wisconsin will judge each applicant on its own merits. At least one male and one female scholarship/grants are planned to be awarded annually.

I understand that scholarship monies will be paid directly to the recipients of the Hall of Fame 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: -----