

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.

Year of Post Secondary School: Freshman Sophomore Junior Senior Other (describe)
(circle one)

List past and present church and community activities/service:

Briefly state your educational goals and plans after college:

On separate sheets of paper, please provide:

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

The APPLICATION for scholarship grants must be made to the Lutheran Sports Association of Wisconsin (LSA address: **W170 N8736 Edgewood Pl Menomonee Falls, WI 53051-2715**) before February 22nd. Verbal notification to the scholarship recipient will be received within 60 days of the Tournament of Champions (First full weekend of March). Scholarship grants will be awarded in the amount of \$500 per year. The Lutheran Sports Association of Wisconsin will evaluate each application on its own merits. At least one male and one female scholarship/grant are planned to be awarded annually. I understand that scholarship monies will be paid directly to the recipients of the Hall of Fame Scholarship/Grant who is attending:

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

Applicant's Signature: _____

Date: _____