



**2020**  
**COLLEGE SCHOLARSHIP APPLICATION**

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Father's Occupation/Employer:** \_\_\_\_\_

**Mother's Occupation/Employer:** \_\_\_\_\_

**Number of siblings:** \_\_\_\_\_ **Ages:** \_\_\_\_\_

**Number of brothers/sisters presently attending college:** \_\_\_\_\_

**Which college(s):** \_\_\_\_\_

**What will be your college major?** \_\_\_\_\_

(Must be Therapeutic Recreation, Leisure services, Recreation Therapy or Similar)

**What are your career plans?** \_\_\_\_\_

**Which college do you plan to attend?** \_\_\_\_\_

**If undecided, list schools you are considering.** \_\_\_\_\_

**Indicate any financial circumstances of which the committee should be aware.** \_\_\_\_\_

**Current high school** \_\_\_\_\_

**Class Rank (if available)** \_\_\_\_\_ **GPA** \_\_\_\_\_ **SAT/ACT test scores** \_\_\_\_\_

**List high school activities (athletics, clubs, etc.); include offices held, awards, and/or honors.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List part-time or full-time jobs you have held in the past three years.** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



2020  
COLLEGE SCHOLARSHIP APPLICATION

List any volunteer service/community involvement you performed in the past three years, and include length of service.

---

---

---

List activities or programs you had with working with individuals with disabilities.

---

---

---

---

**COMPOSITION**

Attach a 150-200 word composition listing the following details: My goals for the future and why higher education is important to achieving my goals.

**REFERENCE LETTERS**

Include three (3) letters of reference; one from a high school teacher/administrator, and two (2) from someone not related to you.

***CHILDREN OF FULL TIME EMPLOYEES AND CURRENT BOARD MEMBERS ARE NOT ELIGIBLE TO APPLY.***

***SCHOLARSHIP APPLICANTS MUST RESIDE WITHIN THE BORDERS OF THE LWSRA DISTRICTS TO BE ELIGIBLE.***

Return application by: Monday, March 2, 2020.

Completed applications and compositions can be e-mailed to [Kwallace@lwsra.org](mailto:Kwallace@lwsra.org). Please include scanned copies of reference letters.

Hard copies can also be dropped off at:  
Lincolnway Special Recreation Association  
1900 Heather Glen Dr  
New Lenox, Illinois 60451  
Attn: Keith Wallace, Executive Director

# _____
Date received _____
<i>For office use only.</i>