

**Special Recreation Athletic Support Association
Program Scholarship Application**

Please complete and return in a sealed envelope to:
SRASA, Oak View Center
4625 W. 110th Oak Lawn, IL 60453 or email to
srasaoaklawn@gmail.com

Information on this page is confidential and is for office use only.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: IL ZIP: _____

PHONE: _____ E-MAIL: _____ AGE: _____

IF UNDER 18, MUST BE FILLED OUT BY PARENT OR GUARDIAN

What activities have you participated in (if any)?

What program are you applying for a scholarship for?

For office use only:

Scholarship amount awarded: _____

Activity: _____

Volunteer/fundraising event: _____ Date: _____

Signed: _____

The applicant will be contacted by the President of SRASA. Awards will be based on need and available funds. Scholarships need to be resubmitted for each program season. Applicants receiving a scholarship will not be eligible for another scholarship for one year. For confidential purposes, scholarship recipients will not be revealed to the public. To obtain a list of those who have received a scholarship, they must contact either the President or Vice President of SRASA.