

**Great Lakes Adaptive Sports Association  
Program Scholarship Application**

Please complete and return to GLASA, 400 E Illinois Road, Lake Forest, IL 60045.  
847-283-0908. Fax 847-283-0973

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

NAME\_\_\_\_\_

ADDRESS\_\_\_\_\_

CITY\_\_\_\_\_ STATE\_\_\_\_\_ ZIP\_\_\_\_\_ COUNTY\_\_\_\_\_

PHONE\_\_\_\_\_ E-MAIL\_\_\_\_\_ AGE\_\_\_\_\_

Do you qualify for: ☐ SSI/SSDI ☐ Reduced School Lunch Programs/SNAP

☐ Other Income Based Aid/ Financial Assistance If so, list:\_\_\_\_\_

FOR WHICH GLASA PROGRAM(S) ARE YOU REQUESTING A SCHOLARSHIP?\_\_\_\_\_

\_\_\_\_\_

WHAT OTHER GLASA ACTIVITIES HAVE YOU PARTICIPATED IN?\_\_\_\_\_

\_\_\_\_\_

PLEASE DESCRIBE WHY YOU ARE REQUESTING A SCHOLARSHIP (eg. demonstrated financial need, disability related health expenses, other circumstances):\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ I HAVE THE ABILITY TO PAY SOME PART OF THE PROGRAM REGISTRATION FEE AND I AM REQUESTING A PARTIAL SCHOLARSHIP. I CAN PAY \$\_\_\_\_\_

*You will be contacted within 1 week of our receiving your application as to the amount awarded. Award will be based on need and available funds. Scholarships need to be resubmitted for each program season.*

*\*Information shared on this form will be kept confidential. For office use only\**

SIGNATURE\_\_\_\_\_ DATE\_\_\_\_\_

**FOR OFFICE USE ONLY:** Scholarship Funds Awarded\_\_\_\_\_