Lakeview Schools Educational Foundation
SUPPORTING EDUCATION THROUGH GRANTS & SCHOLARSHIPS
15 Arbor Street Battle Creek, Michigan 49015 269.565.2411

Steve Straub Sports Camp Scholarship
(Grades 8-11)

PERSONAL INFORMATION

Applicant's Name: _____ Grade: _____

Names of Parents/Guardian: _____

Address: _____ - _____

E-mail Address: _____ Telephone No.: _____

CAMP INFORMATION

Sports Camp you wish to attend: _____

Address: _____

(This should be the office where the scholarship funds should be sent.)

Date by which payment must be made: _____

Total cost of camp: _____ Amount of aid requested: _____

SPORTS INFORMATION

Please answer the following three questions:

1. Describe any recognition you've received from participating in this sport.

2. Describe how this camp will improve your skills in this sport.

3. Explain the reasons why this financial aid is necessary in order for you to attend this camp.

Application packs must be returned February 1 - June 5. Please complete online, save, and send to lsefspartans@gmail.com with attachments.