Scholarship Guidelines

The Learning Disabilities Association of Illinois is making scholarship funds available to students with learning disabilities who currently are enrolled or are enrolling in undergraduate colleges or technical/vocational programs.

The definition that will be utilized to determine specific learning disability qualifications is:
Specific learning disability--The individual exhibits a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. Such terms include conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include individuals who have learning problems, which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage.

Eligibility

1. Applicant must be a resident of the state of Illinois.
2. The applicant must show evidence of a psychological evaluation and/or an Individual Education Program which indicates that the applicant was diagnosed as having a specific learning disability. Psychological and/or IEP will not be returned.

Application Information

1. Applicants must complete all forms.
2. The LDA of IL Scholarship Committee selects scholarship recipients.
3. The amount of the scholarship is $500.00. Upon proof of acceptance into college, technical, or vocational school, the scholarship money will be sent directly to the institution.
4. The application DEADLINE is Friday, 3/9/18. All application materials and references received after that date will not be considered. Please allow five (5) days for mailing. For additional information, contact the LDA/IL office at 708-430-7532. Winners will be notified in May 2018.
5. THREE references dated January 2018 or later, are required, including at least one from a school counselor, administrator or teacher. The references should be addressed to the LDA of IL Scholarship Committee. Please do not include a relative as a reference. The Personal Reference form may be duplicated to suit your needs, or a separate letter of reference may be included. Do not exceed three references.
6. ALL requested information must be included with application. Incomplete applications will not be considered.
7. When all scholarship requirements are completed, please send to:

Learning Disabilities Association of Illinois
Attention: Scholarship Committee
10101 S. Roberts Road, Suite 205
Palos Hills, Illinois 60465-1556
Scholarship Application

All blanks on pages 1-3 must be completed. Use N/A where appropriate. Attach additional sheets as needed.

Name ___________________________________________________________ ____________________

Last                      First                      Initial

Date of birth __________________________________________________________________________

Post Secondary School ID # or Social Security # _________________________________

Home Address (include city and zip) _________________________________________________

College Address ________________________________________________________________

Email Address _________________________________________________________________

Home Telephone (______) _________________________________________________________

Father's name ______________________ Mother's name ________________________________

Father Work Phone (______) ___________ Mother's Work Phone (____) _________________

Number of brothers and sisters _______ Ages _______ _______ _______ _______ _______

PREVIOUS LDA/IL SCHOLARSHIP RECIPIENTS ARE ELIGIBLE TO REAPPLY FOR THIS SCHOLARSHIP.

Please indicate if this applies. Yes ____ No ____ Year(s) of Award (if applicable) ______

School presently attending or last attended _____________________________________________

School address (include city, state, zip) ______________________________________________

__________________________________________________________________________________

School contact person ___________________________ Telephone (____) ___________________
**Personal Merits**

Extracurricular School Activities (e.g. athletics, organizations, clubs, plays)

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Community/Campus Involvement (e.g. volunteer work, charity work, leadership roles)

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Work Experience (list any significant work experience in the past two years)

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

**Career Ambitions**

Briefly describe your career goals.

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
Why do you believe you are a good candidate for this award?

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

If awarded a scholarship, I give permission to LDA of Illinois to print a short biographical story from my application in the LDA of Illinois newsletter, “Scope,” and/or list my name with other scholarship recipients on the LDA of Illinois website.

Yes _____ No _____ Date ______________________________

Applicant signature: ________________________________
Personal Reference Form

This statement is made regarding ____________________________, an applicant for the LDA/IL scholarship award.

Name

______________________________________________________________

Address

______________________________________________________________

Telephone (______) ________________________________

Relationship to applicant ________________________________

Why do you think this student should receive this LDA/IL scholarship award? You may write on this page or submit a separate letter addressed to the LDA of IL Scholarship Committee. The applicant has been asked to submit all information at one time. Please sign, date, and return to student. This reference needs to be dated January 2018 or later. Thank you.