



## **Robert E. Abbott Memorial Special Education Teacher Scholarship Guidelines**

The Learning Disabilities Association of Illinois is making scholarship funds available to students who are enrolled in a special education teacher preparation program.

### **Eligibility**

1. Applicant must be a resident of the state of Illinois.
2. **Applicant must provide evidence of acceptance into a special education teacher-training program.**

### **Application Information**

1. Applicant must **complete all forms**.
2. The LDA of IL Scholarship Committee selects scholarship recipients.
3. The amount of the scholarship is \$300.00 and 1 year free membership to LDA of IL.
4. The application **DEADLINE** is **Friday, 4/6/18**. **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. **Two** current references **dated January 2018, or later**, are required, including at least one from a college/university faculty member. 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.
6. Applicant must include an **official sealed transcript(s)**.
7. **ALL** requested information must be included with application. Incomplete applications will not be considered.
8. 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



**Robert E. Abbott Memorial Special Education Teacher  
Scholarship Application**

*All blanks must be completed on pages 1&2. Use N/A where appropriate.*

Name \_\_\_\_\_  
                    Last  First  Initial

Date of birth \_\_\_\_\_ School ID# or Social Security # \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Telephone (home) (\_\_\_\_\_) \_\_\_\_\_ (cell) (\_\_\_\_\_) \_\_\_\_\_

College/University presently attending: \_\_\_\_\_  
\_\_\_\_\_

School address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School contact person: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Community/Campus Involvement:  
\_\_\_\_\_  
\_\_\_\_\_  
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**Work Experience (List any significant work experience in the past two years):**

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**Please attach a BRIEF ESSAY addressing why you want to become a special education teacher.**

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



## ***Learning Disabilities Association of Illinois***

### **Personal Reference Form**

This statement is made regarding \_\_\_\_\_, an applicant for the LDA/IL teacher 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 form 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.