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:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
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.