

`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 teachertraining program.

Application Information

- 1. Applicants must **complete all forms**.
- 2. The LDA of IL Scholarship Committee selects scholarship recipients.
- The amount of the scholarship is \$300.00 and 1-year free membership to LDA of IL. The scholarship money will be sent directly to the institution. This scholarship money can only be used for the purpose of <u>future</u> tuition and books.
- 4. The application DEADLINE is Wednesday, 3/27/2024. 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 June 2024. The Scholarship check will be sent directly to the Financial Aid Office of the college upon verification of student enrollment into a special education teacher preparation program.
- <u>Two</u> current references dated January 2024, 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 <u>do not include a relative as a reference</u>. 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. <u>ALL</u> 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 <u>N/A</u> where appropriate.

Name				
	First	Initial		
Date of birth	School II	D# or Social Se	ecurity #	
Street Address				
City, State,				
Email Address				
Telephone (home) () _		(cell)	()	
College/University presentl	y attending:			
School address:				
School contact person:				
Telephone: ()				
Community/Campus Involv	ement:			



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

Please attach a <u>BRIEF ESSAY</u> 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. In addition, I give permission to LDA of Illinois to include a photograph receiving this award if available for inclusion in a future LDA newsletter and/or the LDA of Illinois website.

Yes____ No____ Date _____

Applicant signature: _____



Relationship to applicant _____

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 ()

Why do you think this student should receive this LDA/IL scholarship award? Please submit an attached separate letter addressed to the LDA of IL Scholarship Committee. The applicant has been asked to submit all information at one time. <u>Please sign, date, and return to student</u>. **This reference needs to be dated January 2024, or later.** Thank you.



Teacher Scholarship Application Checklist

Once the following information is gathered, please attach this checklist to the front of your materials and send it to the attention of the Scholarship Committee for LDA.

- ____ Application
- ____ Brief Essay addressing why you want to become a special education teacher.
- ____ Official Sealed Transcript
- ____ Two current References, with at least one from a college/university faculty member.

All requested information must be included with application. Incomplete applications will not be considered.

10101 S. Roberts Rd. Suite 205 Palos Hills, IL 60465-1556 (708) 430-7532 email: admin@ldaillinois.org Website: www.ldaillinois.org