

## **`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