



POST SECONDARY 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 intellectual disabilities, 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 in the candidate's school history. Psychological reports and/or IEPs 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. **This scholarship money can only be used for the purpose of future tuition and books.**
4. The application **DEADLINE** is **Wednesday, March 20, 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. After July 1st, The Scholarship check will be sent directly to the Financial Aid Office of the college upon verification of student enrollment.

5. **THREE** references **dated January 2024 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



Learning
Disabilities
Association
of Illinois

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 (_____) _____



1

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 _____



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? 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. Please sign, date, and return to student. **This reference needs to be dated January 2024 or later.** Thank you.



POST SECONDARY Scholarship

APPLICATION CHECKLIST

Once all the necessary items are gathered, please attach this checklist to the necessary documents and send to the LDA IL office.

- _____ **Application**
- _____ **Psychological Evaluation and/or Individual Education Plan that indicates that applicant was diagnosed as having a specific learning disability in your school history. This document will not be returned.**
- _____ **Official Sealed Transcript**

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