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. The scholarship money will be sent directly to the institution. **This scholarship money can only be used for the purpose of tuition and books.**
4. The application **DEADLINE is Wednesday, 3/31/2021.** 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 2021. 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.
5. **Two current references dated January 2021, or later,** are required, including at least one from a college/university faculty member. The reference letters should be addressed to the LDA of IL Scholarship Committee. Each Personal Reference letter should not exceed one page and be submitted in a sealed envelope. Please **do not include a relative as a reference.** Do not exceed two references.
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
____________________________________________________________________________________
First          Initial         Last

Date of birth ___________________ School ID# or Social Security # _______________________

Street Address __________________________________________________________________________

City, State, ____________________________________________________________________________

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. 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: ______________________________________________________________________
Learning Disabilities Association of Illinois

Personal Reference Letter should include the following information:

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?

Please submit an attached separate letter addressed to the LDA of IL Scholarship Committee. The letter should not exceed one page. This reference needs to be dated January 2021 or later. Please sign, date, and return to student the one page letter of reference in a sealed envelope. The applicant has been asked to submit all information at one time. Thank you.