



**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. 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:



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.