



Learning  
Disabilities  
Association  
of Illinois

## 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 future tuition and books.**
4. The application **DEADLINE** is **Wednesday, 3/30/2022**. **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 2022. 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 2022, 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 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. Each Personal Reference letter should not exceed one page and be submitted in a sealed envelope. 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



**Learning  
Disabilities  
Association  
of Illinois**

**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: \_\_\_\_\_**



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## ***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 ( \_\_\_\_\_ ) \_\_\_\_\_

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 2022, or later.** Thank you.