



2017 SIOUX CITY LEARNING DISABILITY SCHOLARSHIP INFORMATION AND APPLICATION FORMS

Donors from Sioux City have funded the Sioux City Learning Disability Scholarship which will be awarded to high school seniors in Sioux City who plan to enroll in postsecondary education (college or vocational) in the fall of 2017.

Description

The scholarships are to assist graduating seniors with learning disabilities in pursuing a post-secondary education at an accredited institution which provides:

- a two or four year college program, or
- vocational training

Students served solely under Section 504, or with primary disabilities other than LD (e.g. Autism), will not be eligible for these scholarships.

Number and Amount

Two scholarships valued at \$500 each will be awarded:

- One scholarship will be awarded to a 2017 graduate of Sioux City West High School.
- One **At-Large** scholarship will be awarded to a 2017 graduate of Sioux City West, East, North or Heelan High School.
- Preference will be given to scholarship applicants who meet any of the membership requirements listed below:
 - Applicant is a current member of the Learning Disabilities Association of Iowa (LDA-IA)
 - Applicant's parent is a current member of LDA-IA
 - Applicant is recommended in writing by a current member of LDA-IA.

Information about LDA membership is available on the website. Annual dues include membership in the Learning Disabilities Association of America and LDA-IA.

Applicants from Sioux City who complete the 2017 Learning Disabilities Association of Iowa Scholarship application will also be considered for the Sioux City Learning Disability Scholarship.

Payment Procedures

After receiving proof of enrollment, a check for \$150 payable to the student will be sent. After receiving proof that the recipient has completed vocational training or the first full-time year of study, the remainder of the scholarship, \$350, will be paid to the student.

Application Deadline

Scholarship recipients will be selected from applications that have been **postmarked** no later than **March 31, 2017**.

Scholarship winners will be notified by phone and then announced May 8th on the LDA-IA website (www.l daiowa.org).

2017 Sioux City Learning Disability Scholarship for High School Seniors
Application Instructions

THE APPLICATION MUST INCLUDE THE FOLLOWING SIX COMPLETED DOCUMENTS (seven documents if including a member recommendation):

- ____ 1. Scholarship application form completed (see form on pg. 3)
- ____ 2. Entire current IEP*
- ____ 3. Student essay**
- ____ 4. Letter of recommendation from a person (excluding family members) who can provide personal and academic insight
- ____ 5. High school grade transcript or recent report card
- ____ 6. Publicity form (see form on pg. 5)
- ____ 7. LDA member recommendation (see form on pg. 4) if applying for the membership-based scholarship through member recommendation

***YOU WILL NEED TO SHOW VERIFICATION THAT YOU HAVE A LEARNING DISABILITY.** An ENTIRE current IEP, psychological report, or similar document with indication of a learning disability **is required** to accompany this application. Additional information may be included.

****STUDENT ESSAY REQUIREMENTS**

This essay must be included with the application to be considered for the scholarship. The essay should include all of the following:

- ____ Extra-curricular and community achievements
- ____ Volunteer and paid jobs
- ____ The nature of your disability and how it impacts your life
- ____ Accommodations and learning strategies that are beneficial to you and will help you succeed in your post-secondary education
- ____ Explain methods of financing your education and how the scholarship will assist your education plan

Your essay will be read only by scholarship committee members and treated with confidentiality.

SEND THE COMPLETED APPLICATION TO:

Patty Beyer, Scholarship Co-Chairperson
1741 100th St.
Holstein, Iowa 51025
Phone: 712-368-4847
Email: pbeyer33@gmail.com

2017 Sioux City Learning Disability Scholarship
STUDENT APPLICATION FORM

I understand that all of the information on this application will be available to each member of the LDA-IA Scholarship Committee. I understand that if I am awarded this scholarship, my name will be sent to my local newspaper, and announced in LDA-IA social media and website and at the annual LDA-IA conference in October. The information is accurate and complete within my ability to provide the information requested.

Signature of Applicant

Scholarship applicant please complete the following:

Name _____

Phone _____

Address _____

Email _____

Parents' or Guardians' Names _____

Parents or Guardians Complete Address _____

Career Goals _____

Educational Plans _____

High School Attended _____

College Courses/Challenging Classes taken in High School _____

LDA Member Recommendation

Student's Name: _____

LDA Member's Name: _____

Please write a brief description of why you feel this person would be a good candidate for the LDA-IA Scholarship:

SEND THE COMPLETED LDA MEMBER RECOMMENDATION TO:

Patty Beyer, Scholarship Co-Chairperson
1741 100th St.
Holstein, Iowa 51025
Phone: 712-368-4847
Email: pbeyer33@gmail.com

Learning Disabilities Association of Iowa

PUBLICITY FORM

Dear Scholarship Applicant:

We are so pleased that you are applying for the LDA-IA and/or Sioux City Learning Disability Scholarships. Please fill out the information below so that in the event you are a winner, we can publicize your honor in your local and/or regional newspapers. No publicity material will identify you as a student with learning disabilities, only that you have won a scholarship.

We also would like to use your picture, the name of your school, and your field of studies in our publicity. This information would also be included in LDA-IA social media, at our LDA-IA Conference in October and on our website: <http://www.ldaiowa.org>.

Please fill out the following information and enclose it with your scholarship application.

Name: _____

Address: _____

Parent(s) name(s): _____

High School: _____

College/vocational school you plan to attend: _____

Name(s) and address(es) of your hometown and/or regional newspaper(s):

Name of Newspaper: _____

Complete Mailing Address: _____

Name of Newspaper: _____

Complete Mailing Address: _____

Thank you and best wishes on your application.

Sincerely,

The Scholarship Committee