Sponsored by: The Learning Disabilities Association of Arkansas

This scholarship fund was established to provide assistance to young adults with learning disabilities so they may pursue higher education. This scholarship is available to current residents of Arkansas only. This scholarship is for students who are ineligible for SSI or SSD funding.

Three scholarships will be awarded, each in the amount of $2,500. The scholarship application will become the property of the Learning Disabilities Association of Arkansas. Send completed applications by April 29, 2011 to:

Ralph G. Norman Scholarship
Learning Disabilities Association of Arkansas
P.O. Box 95255
North Little Rock, AR 72190-5255
Or e-mail to ldaarkansas@yahoo.com

Please include the following information:

1. Scholarship Application Form
2. Documentation of your disability by two of the following:
   a. A copy of Professional Evaluation
   b. A copy of your school IEP
   c. A letter from a qualified professional certifying your learning disability (special educator, psychologist, or psychological examiner.)
3. Please include a brief essay (less than 500 words) about future educational and career goals. Write or type this information on a separate sheet of paper.
4. Official transcript of all high school and/or college courses.
5. Two letters of recommendation from two adults that can testify to your academic abilities, personal character, volunteer services, and community involvement. These letters should be from a teacher, coach, counselor, or community member- not a relative.
Ralph G. Norman Scholarship
Application Form

Please print or type in these blanks. All blanks must be filled. If you are unable to fit a complete response to a question on the application, please write the section heading and the completed response to the question on a separate sheet of paper. Applications must be postmarked by April 29, 2011. Recipients’ will be notified by May 6, 2011. Recipients will be recognized and receive the scholarship award at the April UPHOLD meeting on Tuesday, May 17, 2011.

General Information:

Applicant’s Name: _____________________________________________________
Applicant’s Address: ____________________________________________________________________________________________
City: ________________________ State: ____________  Zip: ___________________
Phone Number: ____________________ E-mail Address:  _______________________
Additional Contact Person: ____________________ Phone Number:  ______________
Social Security Number: ___________________________

Is the applicant currently an Arkansas Resident?  Yes       No
Is the applicant or applicant’s family a member(s) of the LDAA?  Yes       No
Name of member(s): __________________________________________________________________________________________

Educational Information:

School Currently Attending: _____________________ Year of Graduation: ________
School Contact Person: __________________________________________________________________________________________
School’s Address: ____________________________________________________________________________________________
City: ________________________ State: ____________  Zip: ___________________
Phone Number: ____________________ E-mail Address:  _______________________

If you did not graduate from High school have you received your GED?  Yes       No
College, university or other educational institution the student plans to attend:

First Choice: __________________________________________________________
Second Choice: _______________________________________________________
Third Choice: _________________________________________________________

Please include a brief essay (less than 500 words) about future educational and career goals. Write or type this information on a separate sheet of paper. (We will not count off for spelling or grammatical errors.)

**Community Service or Extra-Curricular Activities:**

Current involvement in any school, community, or volunteer organizations? Please describe your involvement.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**Disability Information:**

What is the specific area of your learning disability?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Do you receive SSI or SSD? Yes  No
Media Release:

I hereby grant the Learning Disabilities Association of Arkansas permission to use my likeness in a photograph, my name, my age, my hometown, my school, my desired college or vocational school, and/or excerpts of my scholarship essay or my entire scholarship essay in any and all of its publications, including website entries, without payment or any other consideration. I hereby grant the Learning Disabilities Association of Arkansas permission to identify me as a person with a learning disability.

I understand and agree that my Learning Disabilities Association of Arkansas scholarship materials will become the property of the Learning Disabilities Association of Arkansas and will be used for any lawful purpose, including for example such purposes as publicity, illustration, advertising and web content.

I hereby irrevocably authorize the Learning Disabilities Association of Arkansas to edit, alter, copy, exhibit, publish or distribute all scholarship materials – excluding evaluation records, IEPs and transcripts – for purposes of publicizing the Learning Disabilities Association of Arkansas programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears.

Additionally, I waive any right to royalties or other compensation arising or related to the use of my scholarship application materials. I hereby hold harmless and release and forever discharge the Learning Disabilities Association of Arkansas from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 21 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

_____________________________________________ __________________________ (Signature)  
(Date)

(Printed Name)  
______________________________________________________ ______________________________  
(Date)

If the person signing is under age 21, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of ______________________ named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

___________________________________________ _____________________  
(Parent/Guardian’s Signature)  
(Date)

______________________________________________________  
(Parent/Guardian’s Printed Name)  
(Date)
**Signature:**

I certify to the best of my knowledge, and believe, all information contained in this application to be true and accurate. If I am awarded the scholarship, I will be expected to attend the May 17 UPHOLD meeting to be recognized as a Ralph G. Norman scholarship recipient.

In providing this scholarship, LDAA does not discriminate on the basis of race, sex, national origin, religion, disability, age or sexual orientation.

Signature: ___________________________ Date: __________________

Signature of Parent or Guardian (If under the age of 18):

Signature: ___________________________ Date: __________________