The Learning Disabilities Association of Arkansas is seeking applicants for the 2014 Ralph G. Norman Scholarship. The Ralph G. Norman Scholarship is awarded in amount of $2,000 to an individual with a documented learning disability who will be enrolled in Fall Semester 2014 at a university, two-year community college, or a vocational/technical training program. The ideal scholarship recipient is an individual who:

- Recognizes and understands his or her learning disability and is able to self-advocate when necessary
- Is committed to pursuing higher academic study or career training and has begun to set realistic career goals
- Is committed to achieving personal goals despite the challenges of learning disability
- Participates in school and community activities

ELIGIBILITY AND SELECTION CRITERIA
To be eligible for the Ralph G. Norman scholarship, the applicant must:

- Be an individual who will be attending a university, two-year community college, or a vocational or technical training program in Fall 2014
- Be a current Arkansas resident
- Be ineligible for SSI and SSD funding
- Be able to provide most current documentation of an identified learning disability

Please Note: ADD/ADHD alone is not considered a learning disability

SELECTION PROCESS
The Ralph G. Norman Scholarship Committee, composed of members of the LDAA Board of Directors, will process the scholarship applications. The top 10 candidates will be presented to the LDAA board that will make the final selection of scholars in spring 2014.

SCHOLARSHIP REQUIREMENTS
The $2,000 scholarship is paid in two installments: a $1,000 installment in the fall and a $1,000 installment in the spring. The payment is made directly to the university, college or vocational/technical program the individual is attending. In the event the scholarship recipient
withdraws or separates from the institution or program during the Fall Semester 2014; any unused scholarship funds will be refunded to LDAA. The scholarship will not continue if the recipient withdraws or separates from the institution or program prior to the Spring Semester 2015.

SUBMITTING YOUR APPLICATION
All required materials must be submitted in one packet to be considered for the scholarship. Completed packets should be mailed to:

Ralph G. Norman Scholarship
Learning Disabilities Association of Arkansas
P.O. Box 23514
Little Rock, AR 72221
Or e-mail to info@ldarkansas.org

Completed application packets must be submitted by March 31, 2014.
Please note that materials submitted as part of the application process will not be returned.
Ralph G. Norman Scholarship
Application Requirements

APPLICATION REQUIREMENT CHECKLIST:
Please include the following information:

1. Scholarship Application Form

2. Most recent documentation of your learning disability:
   a. A copy of Professional Evaluation
   b. A copy of your school IEP or 504
   c. A letter from a qualified professional certifying your learning disability (special
      educator, psychologist or psychological examiner.)

3. Personal Statement: Include a brief essay (less than 1,000 words) about how your 
disability has impacted your life and about future educational and career goals. Write or
type this information on a separate sheet of paper. Applicants may also elect to submit a
2-4 minute video or audio taping as an alternative to the written essay.

4. Transcript of all high school and/or college courses.

5. Two letters of recommendation from 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.


Please e-mail info@ldarkansas.org (Attention: Scholarship Chair) if you have questions
regarding the application process.
Ralph G. Norman Scholarship Application Form

Please print or type in the following 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 March 31, 2014. Recipients will be notified in the Spring of 2014.

**General Information:**

Applicant’s Name: __________________ Date of Birth: ______________
Applicant’s Address: _____________________________________________________
City: ________________________ State: ____________ Zip: ___________________
Home Phone: __________________ Cell Phone: ____________________________
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: ____________________

Grades: **You MUST submit a copy of your current transcript.**
Grade Point Average (GPA): ___________

**Standardized Testing:** You may submit either SAT or ACT scores.

☐ The program that I will be enrolling in this fall does not require ACT or SAT scores.

SAT Exam Date: ________________
Best Score: _____ Math _____ Reading ____ Writing

or

ACT Exam Date: ________________
Best Score: _____ Composite

Are you planning on taking either exam again?  ☐ Yes  ☐ No

If you did not graduate from high school have you received your GED?  ☐ Yes  ☐ No

College, university or other educational institution the applicant plans to attend:

First Choice: ________________________________________________________________

Second Choice: _____________________________________________________________

Third Choice: ______________________________________________________________
Learning Disability Information:

Please check which learning disabilities you have:

- ☐ Basic Reading (Dyslexia)
- ☐ Math Calculation (Dyscalculia)
- ☐ Reading Fluency (Dyslexia)
- ☐ Math Problem Solving (Dyscalculia)
- ☐ Spelling
- ☐ Executive Functioning/Organization
- ☐ Reading Comprehension (Dyslexia)
- ☐ Nonverbal learning disability
- ☐ Written Comprehension (Dysgraphia)
- ☐ Other ________________________

Date of initial diagnosis/classification: ________________________________
Date of most recent testing: ________________________________

Do you currently receive accommodations or modifications? ☐ Yes ☐ No
If so, what types of accommodations or modifications are in place?
_____________________________________________________________________
_____________________________________________________________________

Do you receive SSI or SSD? ☐ Yes ☐ No

Personal Statement

Please pay special attention to this portion of the application. Together with the letters of recommendation, the personal statement is the best way for members of the review committee to get to know you and understand your journey as a student with a learning disability. In your personal statement, please answer the following questions:

• How has your learning disability affected you in school, at home, and in the community?
• Give some examples of how you have overcome specific barriers to learning.
• Describe any accommodations or assistive technology that has helped you succeed.
• What type of educational and career goals do you have?

Write or type this information on a separate sheet of paper. (We will not count off for spelling or grammatical errors.) A 2-4 minute video or audio file may be substituted for the written essay.
Personal Achievements and Activities Form

Part 1: Extracurricular Activities
Use this section for extracurricular activities (school clubs, sports, etc.) you have been involved in. If you need more room, attach a separate page.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Grades Involved</th>
<th>Hours per Week</th>
<th>Position held, Awards/Honors, Other Achievements</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Part 2: Community and Work Experience
Use this section to list any community, volunteer, or work experience you have. If you need more room, attach a separate page.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Grades Involved</th>
<th>Hours per Week</th>
<th>Position held, Awards/Honors, Other Achievements</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Part 3: Other Activities
Use this section to list any other activities you have been involved in. If you need more room, attach a separate page.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Grades Involved</th>
<th>Hours per Week</th>
<th>Position held, Awards/Honors, Other Achievements</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Part 4: Special Interests and Honors and Awards
Do you have any additional special interests or hobbies? If so, explain below:

Since the 9th grade, have you received any special awards or honors? If so, list below:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Grades Involved</th>
<th>Hours per Week</th>
<th>Position held, Awards/Honors, Other Achievements</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Ralph G. Norman Scholarship Recommendation Form

All applications must be postmarked by March 31, 2014. Please return this form and any additional documentation to the student so it can be included in the completed application packet.

The Ralph G. Norman Scholarship is awarded in amount of $2,000 to an individual with a documented learning disability who will be enrolled in the Fall Semester 2014 at a university, two-year community college, or a vocational or technical training program.

The ideal scholarship recipient is an individual who:
- Recognizes and understands his or her learning disability and is able to self-advocate when necessary
- Is committed to pursuing higher academic study or career training and has begun to set realistic career goals
- Is committed to achieving personal goals despite the challenges of learning disability
- Participates in school and community activities

INSTRUCTIONS
Step 1: Please provide the following information about yourself.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>School/Organization:</td>
<td></td>
</tr>
<tr>
<td>Mailing Address:</td>
<td></td>
</tr>
<tr>
<td>Phone Number:</td>
<td>E-mail:</td>
</tr>
<tr>
<td>How do you know the applicant?</td>
<td></td>
</tr>
<tr>
<td>How long have you known the applicant?</td>
<td></td>
</tr>
</tbody>
</table>

Step 2: Please complete the rating scale below:

<table>
<thead>
<tr>
<th></th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Well Above Average</th>
<th>I Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motivation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Advocacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understanding of learning disability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Involvement in school/community activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of accommodations and supports</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Step 3: Please answer the following questions on a separate piece of paper.
1. Is the individual an effective self-advocate? Explain.
2. How well does this individual understand his/her learning disability? Explain.
3. What are three characteristics you most appreciate about this individual?

Provide any additional comments or feedback on the student’s form.
Ralph G. Norman Scholarship Recommendation Form

All applications must be postmarked by March 31, 2014. Please return this form and any additional documentation to the student so it can be included in the completed application packet.

The Ralph G. Norman Scholarship is awarded in amount of $2,000 to an individual with a documented learning disability who will be enrolled in Fall Semester 2014 at a university, two-year community college or a vocational or technical training program.

The ideal scholarship recipient is an individual who:

- Recognizes and understands his or her learning disability and is able to self-advocate when necessary
- Is committed to pursuing higher academic study or career training and has begun to set realistic career goals
- Is committed to achieving personal goals despite the challenges of learning disability
- Participates in school and community activities

INSTRUCTIONS
Step 1: Please provide the following information about yourself.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>School/Organization:</td>
<td></td>
</tr>
<tr>
<td>Mailing Address:</td>
<td></td>
</tr>
<tr>
<td>Phone Number:</td>
<td>E-mail:</td>
</tr>
<tr>
<td>How do you know the applicant?</td>
<td></td>
</tr>
</tbody>
</table>

How long have you known the applicant?

Step 2: Please complete the rating scale below:

<table>
<thead>
<tr>
<th></th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Well Above Average</th>
<th>I Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motivation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Advocacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understanding of LEARNING DISABILITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Involvement in school/community activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of accommodations and supports</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Step 3: Please answer the following questions on a separate piece of paper.

4. Is the individual an effective self-advocate? Explain.
5. How well does this individual understand his/her learning disability? Explain.
6. What are three characteristics you most appreciate about this individual?

Provide any additional comments or feedback on the student’s form.
**Media Release:**

I hereby grant the Learning Disabilities Association of Arkansas permission to use my likeness in a photograph, my name, age, hometown, school, 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 include the information that I am 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 18 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

OR

If the person signing is under the age of 18, consent must be given 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
**Signature:**

I certify to the best of my knowledge, and believe all information contained in this application to be true and accurate. I certify that I have a documented learning disability, have earned or will be earning a high school diploma or its equivalent, and will be enrolling at a university, community college, or vocational/technical training program in Fall Semester 2014.

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: __________________