

# 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 1, 2010. Recipients' will be notified by May 3, 2010.

## General Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Are you or your family member(s) of the LDAA? Yes                      No

Name of member(s): \_\_\_\_\_

## Educational Information:

Name of high school from which you graduated: \_\_\_\_\_

Year graduated: \_\_\_\_\_

If you did not graduate from High school have you received your

GED?    Yes                      No

Are you currently involved in any school, community, or volunteer groups/organizations? Please describe your involvement.

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Please include a brief essay (less than 500 words) about your future educational and career goals. Write or type this information on a separate sheet of paper.

**Disability Information:**

What is the specific area of your learning disability?

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Do you receive SSI or SSD? Yes      No

I certify to the best of my knowledge, and believe, all information contained in this application to be true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Ralph G. Norman Scholarship Application

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.

Four scholarships will be awarded, each in the amount of \$2500.00. The scholarship application will become the property of the Learning Disabilities Association of Arkansas. Send completed applications by April 1, 2010 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](mailto: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. A two-paragraph statement of your future educational or career goals.
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.