



# 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.

Scholarships will be awarded in the amount not to exceed **\$2,000**. The scholarship application will become the property of the Learning Disabilities Association of Arkansas. Send completed applications by March 9, 2012 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](mailto:info@ldarkansas.org)**

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 or 504
  - 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 1000 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.
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 March 9, 2012. Recipients' will be notified by April 20, 2012. Recipients will be recognized and receive the scholarship award at the May UPHOLD meeting on Tuesday, May15, 2012.

## **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 1,000 words) about how your disability has impacted your life as well as 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.

\_\_\_\_\_  
(Date) \_\_\_\_\_ (Signature)

\_\_\_\_\_  
(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 15 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: \_\_\_\_\_