



Ralph G. Norman Scholarship Application

The Learning Disabilities Association of Arkansas is seeking applicants for the 2018 Ralph G. Norman Scholarship. The Ralph G. Norman Scholarship is awarded in amount of \$2,500 to an individual with a documented learning disability who will be enrolled in Fall Semester 2018 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 2018
- Be a current Arkansas resident
- Be able to provide most current documentation of an identified learning disability. Eligible learning disabilities include:
 - Impairment in Reading (Dyslexia)
 - Basic Reading/Word Reading Accuracy
 - Reading Rate/Reading Fluency
 - Reading Comprehension
 - Impairment in Written Expression (Dysgraphia)
 - Impairment in Mathematics (Dyscalculia)
 - Math Calculation
 - Math Problem Solving

SELECTION PROCESS

The top 10 candidates as selected by the LDAA scholarship committee will be presented to members of the board who will select three candidates who have overcome academic challenges related to their learning disabilities.

SCHOLARSHIP REQUIREMENTS

The \$2,500 scholarship is paid in two installments: a \$1,250 installment in the fall and a \$1,250 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 2018; 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 2019.

SUBMITTING YOUR APPLICATION

All required materials must be postmarked 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, 2018.

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 in the following order. Do not staple pages or provide double-sided copies. Failure to follow this request may result in your application not being reviewed.

1. Scholarship Application Form
2. Most recent documentation of your learning disability:
 - a. A copy of Professional Evaluation indicating your learning disability, OR
 - b. A letter from a qualified professional certifying your learning disability (psychologist, psychological examiner, or speech-language pathologist)
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.
6. Signed media and signature page.

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, 2018. Recipients will be notified in the spring of 2018.

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: _____

Is the applicant currently an Arkansas resident? ___ Yes ___ No

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): _____

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: _____

Educational/Career Goals:

Learning Disability Information:

Please check which learning disabilities you have:

Impairment in Reading (Dyslexia)

Impairment in Mathematics (Dyscalculia)

Basic Reading/Word Reading Accuracy

Math Calculation

Reading Rate/Reading Fluency

Math Problem Solving

Reading Comprehension

Other _____

Impairment in Written Expression (Dysgraphia)

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?

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 all of the following questions in 1,000 words or less:**

- 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.

| Activity | Academic Year Involved | Hours per Week | Position held, Awards/Honors, Other Achievements |
|----------|------------------------|----------------|--|
| | | | |
| | | | |
| | | | |

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.

| Activity | Academic Year Involved | Hours per Week | Position held, Awards/Honors, Other Achievements |
|----------|------------------------|----------------|--|
| | | | |
| | | | |
| | | | |

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.

| Activity | Academic Year Involved | Hours per Week | Position held, Awards/Honors, Other Achievements |
|----------|------------------------|----------------|--|
| | | | |
| | | | |
| | | | |

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: |
| |
| |
| |



Ralph G. Norman Scholarship Recommendation Form

All applications must be postmarked by March 31, 2018. 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 \$2,500 to an individual with a documented learning disability who will be enrolled in the Fall Semester 2018 at a university, two-year community college, or a vocational or technical training program.

The ideal scholarship recipient is an individual who:

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- 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.

| | |
|--|---------|
| Name: | Title: |
| School/Organization: | |
| Mailing Address: | |
| Phone Number: | E-mail: |
| How do you know the applicant? | |
| How long have you known the applicant? | |

Step 2: Please complete the rating scale below:

| | Below Average | Average | Above Average | Well Above Average | I Don't Know |
|--|---------------|---------|---------------|--------------------|--------------|
| Motivation | | | | | |
| Self-Advocacy | | | | | |
| Understanding of learning disability | | | | | |
| Involvement in school/community activities | | | | | |
| Use of accommodations and supports | | | | | |

Step 3: Please answer the following questions on a separate piece of paper. Please do not staple multiple pages or print front and back.

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.



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| Name: | Title: |
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| How do you know the applicant? | |
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Step 2: Please complete the rating scale below:

| | Below Average | Average | Above Average | Well Above Average | I Don't Know |
|--|---------------|---------|---------------|--------------------|--------------|
| Motivation | | | | | |
| Self-Advocacy | | | | | |
| Understanding of LEARNING DISABILITY | | | | | |
| Involvement in school/community activities | | | | | |
| Use of accommodations and supports | | | | | |

Step 3: Please answer the following questions on a separate piece of paper. Please do not staple multiple pages or print front and back

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.

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, a parent or guardian must give consent, 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 2018.

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

Signature: _____ Date: _____

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

Signature: _____ Date: _____