DEAUN JETER MEMORIAL SCHOLARSHIP LEARNING DISABILITIES ASSOCIATION OF KANSAS

I. Purpose

- To aid Kansas students with Learning Disabilities in their endeavors to pursue higher education.
- To stimulate their motivation toward academic achievements.
- To open up the possibilities of continued educational achievements.
- To illustrate that there are no limits to what they can work for.

II Eligibility

- Any Kansas graduating student who has Learning Disabilities and can meet college or vocational/technical admissions requirements.
- III Application Procedures
 - a. Applications are due October 30 of the student's senior year
 - b. Application forms are available from the Learning Disabilities Association of Kansas, PO Box 4603, Olathe, KS 66063 or www.ldakansas.org
 - c. Responses to the questions on the application form may be answered in any format: typed, handwritten, taped, etc.
 - d. Applications must be accompanied by the following:
 - 1. a copy of the front page of the applicant's current or most recent IEP.
 - 2. a one-page cover letter from a teacher, counselor, or administrator answering the question, "Why do you think that this student should be awarded the scholarship?"

IV. Criteria for Selection

- The student's strengths
- The nature of the student's learning disability
- The student's non-academic activities and interests
- A measure of the student's motivation
- The student's rank, cumulative grade point average and SAT or ACT scores (these will be considered as only one of many indicator's of the applicant's potential for success in their post secondary education.)
- LDAK members' families will be given preference in case of a tie.
- Financial need will be considered in case of a tie
- Three letters of recommendation from counselors, LD teachers, classroom teachers, employers, pastors, or friends (finalists only)
- Personal interview (finalists only)
- V. Amount of Scholarship \$500

DEAUN JETER MEMORIAL SCHOLARSHIP APPLICATION FORM High School submits the name of as applicant for the DEAUN JETER MEMORIAL SCHOLARSHIP. The applicant will graduate ______, and plans to continue his/her higher education in college or vocational/technical school. STUDENT'S HOME ADDRESS CITY STATE ZIP TELEPHONE_____ HIGH SCHOOL ADDRESS_____ CITY_____STATE__ZIP___ TELEPHONE EMAIL STUDENT'S SIGNATURE DATE PRINCIPAL OR COUNSELOR SIGNATURE DATE College, university or other educational institution student plans to attend: First choice: Second choice:

Please return to LDAK, PO Box 4603, Olathe, KS 66063 Application deadline is October 30, 2010

Third choice:

Fourth choice:

OBJECTIVE CRITERIA LIST DEAUN JETER MEMORIAL SCHOLARSHIP

Parts I, II, III and IV of this form are to be completed by the applicant's principal or counselor. Parts V through XIII are to be completed by the applicant. Applicant's section may be handwritten, typed, dictated, or be recorded. Both sections, along with the Application Form must be sent to LDAK, PO Box 4603, Olathe, KS 66063.

I.	College entrance examination score (ACT or SAT) – if applicable:							
	ACT Score Percentile Composite English Math			SAT Score Percentile Combined Verbal Reading				
	Soc	ial Studies		Vocabulary				
	Nat	ural Sciences	6	Math				
II.	Student's cumulative high school grade point average (GPA)							
	excluding spring semester, senior year							
III.	Studen	ıt's class rank	.	·				
IV.	Pleas	e list student	t's classes for	terms indicat	ed:			
Soph	omore	Grade	Junior	Grade	Senior	Grade		
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Objective Criteria List

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V.	School Activities (organizations, clubs, etc.) – if you have participated in any school functions or activities other than academics, list them here:
VI.	Community and Other Activities – if you have participated in any organizations such as scouts, 4-H, church, camps, etc., list them here:
VII.	Plans for higher education – why would you like to attend college or technical school?
VIII.	College major or area of interest:
IX.	Interests/Hobbies:
X.	Career Goals:

Obje Page	ective Criteria List 3
XI.	Work Activities – Are you now employed?YesNo If yes, what type of work?
XII.	Financial Need – In the space provided, please indicate the figure t describes your family's adjusted gross income:
that bes	Under \$15,000 \$20,000 to \$25,000
	\$15,000 to \$20,000 Over \$25,000
	Total number of family members living at home Number of dependents in your parents' family, including yourself:
	Number of children Ages
	Number attending college

XIII. In the space below or on your recording, please describe in your own words why you want to be a recipient of the *DeAun Jeter Memorial Scholarship*, the course of study or major field of interest you plan to follow, your proposed occupation or profession, and any other abilities you have that were not previously mentioned in this form.