



Application Form for the Siobhan Isabella Reid Memorial Scholarship 2018

Deadline May 15, 2018

Name of Applicant: _____

Current Address: _____

City: _____ Postal Code: _____

Phone: _____ E-mail: _____

PLEASE ATTACH THE FOLLOWING:

In preparing this information for consideration by the Awards Committee, you may wish to refer to and make reference to the selection criteria.

1. A statement indicating:
 - (a) past and present educational involvement
 - (b) plans for enrollment for the upcoming year, including the name of the university/college and faculty in which you will enroll
 - (c) a description of your future academic program's component related to learning disabilities or ADHD.
2. A copy of the transcript of your last year's academic record.
3. The names, addresses, and telephone numbers of the two people (non-relatives) whom you have asked to submit letters of reference directly to the LDAA office.
4. An outline of your contribution to:
 - (a) the community
 - (b) campus life.

Both email and mailed applications are acceptable; however, email is preferred.

E-mail applications only please.

Applications should be addressed to execdir@LDAAlberta.ca.

Please include **SIOBHAN ISABELLA REID SCHOLARSHIP** in the subject line.

Acceptable file formats include Word (all versions) and Adobe PDF.

Applications must be received by the application deadline of May 15.

For more information see our webpage at www.ldalberta.ca> Resources> Scholarships/Awards



Learning Disabilities Association of Alberta

Box 29011, Pleasantview P.O.
Edmonton, AB T6H 5Z6
Phone: (780) 448-0360
execdir@LDAlberta.ca

EXCLUSION OF LIABILITY AND ASSUMPTION OF RISK

We hereby release and forever discharge, and do agree to indemnify and save harmless, the Learning Disabilities Association of Alberta and their employees, volunteers, or board members from all claims, demands, damages, actions, or causes of actions arising from or relating to participation in any aspect of the Siobhan Isabella Reid Memorial Scholarship, and from any claims or demands whatsoever in law or equity, or heirs, executors or administrators may have in relation to the Learning Disabilities Association of Alberta.

I, the undersigned, hereby consent to the use, reproduction and publication of Siobhan Isabella Reid Memorial Scholarship application information, all forms of imagery, audio and related social media, of the recipient of the Isabella Reid Memorial Scholarship, captured on behalf of the Learning Disabilities Association of Alberta as such may be deemed desirable in the interests of the general public for an unlimited period of time on a non-exclusive basis.

Collection of the information, all forms of imagery, audio and related social media is authorized under the FOIP Act, Section 32 (c), and is required for the purpose of awarding the Siobhan Isabella Reid Memorial Scholarship, administered by the Learning Disabilities Association of Alberta.

The award information, all forms of imagery, audio and related social media will be used for promoting, and preserving the history of the Learning Disabilities Association of Alberta Siobhan Isabella Reid Memorial Scholarship, and are subject to the disclosure rules set forth in the Freedom of Information and Protection of Privacy Act.

The decision of the Siobhan Isabella Reid Memorial Scholarship Selection Committee is final and binding.

I have been given an opportunity to ask any questions that I may have. I have fully informed myself of the outcomes of this release form by reading it before I signed it.

Applicant Name

Applicant Signature

Date

* Please include this signed waiver with the rest of the application.