

Announcement

Robert Cleveland and Kenneth Dodge Memorial Scholarship Program for High School Seniors

The FranCenter of Darien, Illinois, has two scholarships of \$750 each available to high school seniors with a diagnosed learning disability who are enrolling in a two or four year college or university, or trade school.

According to ISBE Special Education, a Specific Learning Disability is defined as a disorder in one or more of the basic learning processes involved in understanding or in using language, spoken or written, that may manifest in significant difficulties affecting the ability to listen, speak, read, write, spell, or do mathematics.

Eligibility

1. Applicant must be a resident of the state of Illinois.
2. The applicant must show evidence of a diagnosed learning disability in his/her elementary or secondary school years. Verification by school personnel is on page 1 of application.
3. These scholarships will be awarded in part on the basis of financial need.
4. Upon proof of acceptance into college or university, or trade school, the scholarship money will be sent to the school's financial aid office.

Application Instructions (Application must be received via email or U.S. Mail by April 1st.)

A complete application consists of:

- a) Two-page application form
- b) One reference from a non-related person (form included)
- c) Documentation (such as a photocopy of your IEP) of a diagnosed learning disability or verification of such by school personnel.

Email completed application to: **admin@francenter.com**
OR

Mail completed application to: **FranCenter**
 Cleveland-Dodge Memorial Scholarship Program
 1510 Plainfield Road, Suite 1
 Darien, IL 60561

Two scholarships of \$750 each will be awarded by July 1st. Applications are reviewed by the Cleveland-Dodge scholarship committee.

**FranCenter Clinic
Robert Cleveland and Kenneth Dodge
Memorial Scholarship Award Program**



Scholarship Application

(Must be completed and received by April 1st of the current school year. Use N/A where not applicable.)

Full name (last, first, middle): _____

Birthdate: _____ Phone number: _____

Address: _____

City: _____ State: Illinois Zip: _____

Parent(s) name: _____

Parent contact (phone or email): _____

Number of siblings: _____ Ages of siblings: _____

Please check the range of your family's income:

Under \$50,000

\$51,000 - \$90,000

Over \$91,000

Special financial circumstances: _____

School presently attending: _____ Grade: _____

School address: _____

School contact person: _____ Telephone: _____

Email: _____

To be signed by appropriate school personnel:

I verify the above applicant qualifies for this scholarship program due to an IEP or 504 Plan on file. (School contact person signature required as verification)

Signature of School Personnel **Title**

Email: _____ **Date:** _____

Extracurricular school activities (athletics, organizations, clubs, plays, etc.):

Hobbies and other interests:

Community involvement (volunteer work, charity work, leadership roles, etc.):

Work experience (list any significant work experience in the past two years):

College/University/Trade School choices: _____

Intended major: _____

Briefly describe career ambitions you hope to achieve as a result of your education:

I hereby give permission to have FranCenter print a short biographical story from my application, including letters of reference, if I am chosen for this scholarship.

Applicant Signature

Date

**Completed application can be mailed to:
FranCenter, Inc. • 1510 Plainfield Rd., Suite 1 • Darien, IL 60561
Or emailed to: admin@francenter.com
Questions? Please call (630) 541-8162**

**FranCenter Clinic
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Personal Reference Form

Applicant: _____
(Student's name)

Describe why you think this student should receive this scholarship award:
(Use the space below or attach a separate letter)

Person making recommendation: _____

Relationship to applicant: _____

Signature: _____ **Date:** _____

Title: _____

Email: _____

Please return form to student once completed. Application is due by April 1st.

