



KREIDER ALLIANCE
Advocacy • Education • Support

Kreider Alliance (formerly Arc of Lee Co.) is a non-profit organization that supports the work of Kreider Services and provides advocacy for those they serve.

2017 Educational Scholarship Application

500 Anchor Road
P.O. Box 366
Dixon . IL . 61021

P: 815 . 288 . 6691
FX: 815 . 288 . 1636
www.kreideralliance.org

Kreider Alliance will be awarding up to five scholarships annually for \$500 - \$1000 each. Eligible applicants must be a Lee County resident who is enrolling or enrolled at an accredited college or university and studying in a field related to people with disabilities such as Human Services, PT, OT, ST, Special Education, etc.

Important: The selection of scholarship winner(s) will be based upon the following criteria:

1. Financial need
2. Scholastic ability (attach transcripts)
3. School, work and community activities
4. One page essay about yourself and your plans after college
5. Three goals in your prospective occupation (put on separate sheet if necessary)
6. Two letters of recommendation

Please complete all of the blanks and answer all questions fully. Return this application by **March 15, 2017** to:
Kreider Alliance / Attn: Scholarship Committee . 500 Anchor Rd . Dixon . Illinois . 61021

Name: _____ E-Mail _____

Address: _____ Phone #: _____

City: _____ Zip code: _____ County: _____

Name of Parents and/or Guardians (note if either is deceased):

1. Name: _____ Occupation: _____

Place of employment: _____

2. Name: _____ Occupation: _____

Place of employment: _____

Indicate annual household income:

- | | | |
|--|--|---|
| <input type="checkbox"/> Under \$20,000 | <input type="checkbox"/> \$40,000—\$49,000 | <input type="checkbox"/> \$90,000—\$109,999 |
| <input type="checkbox"/> \$20,000—\$29,999 | <input type="checkbox"/> \$50,000—\$69,999 | <input type="checkbox"/> \$110,000—\$129,999 |
| <input type="checkbox"/> \$30,000—\$39,999 | <input type="checkbox"/> \$70,000— 89,999 | <input type="checkbox"/> Over \$130,000 _____ |

List names and ages of siblings / your children living at home:

Name: _____ age: _____ Name: _____ age: _____

Name: _____ age: _____ Name: _____ age: _____

Name: _____ age: _____ Name: _____ age: _____

List any other dependents :

Name: _____ age: _____ Name: _____ age: _____

Are there other siblings and/or your children currently enrolled in college? Yes No

Are they receiving financial aid? Yes No

List activities and/or office leadership positions: (you may attach a separate page)

List your Volunteer, School, Work, Community and/or Church activities: (you may attach a separate page)

List work experiences:

Identify schools to which you have applied or have been accepted:

Applied or Accepted

Name of school: _____ Tuition: _____

Name of school: _____ Tuition: _____

Year in college as of Fall 2017: Freshman Sophomore Junior Senior

Area of Study: _____ Major: _____ Minor: _____

List scholarships/grants you have received or are receiving :

Name of Scholarship: _____ amount: _____

Name of Scholarship: _____ amount: _____

Name of High School graduated or graduating from: _____

Rank in Class _____ Out of _____ # of students _____ Adult returning to College

High School GPA score: _____ ACT score: _____ SAT score: _____

College GPA score: _____



I hereby certify that all of the above information is true. I authorize the release of my high school or college transcripts to Kreider Alliance Scholarship Selection Committee. Transcripts must be attached with application. Do not send separately.

Signature: _____ Date: _____

Return this application by March 15, 2017 to:

Kreider Alliance . attn: Scholarship . 500 Anchor Rd . Dixon . Illinois . 61021 . (815)288-6691