

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. 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 and may apply annually. Applicants should be enrolling or enrolled at an accredited college or university and studying in a field related to people with disabilities such as but not limited to: Human Services, PT, OT, SPT, Special Education, Nursing, Social Work, Psychology, 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 during and after college
- 5. Three goals in your prospective occupation (put on separate sheet)
- 6. Two letters of recommendation

Please complete all of the blanks and answer all questions fully. Return this application by **March 15, 2019** 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:					
Place of employment: Indicate annual household income: Under \$20,000 \$20,000—\$29,999 \$30,000—\$39,999	\$4 \$5 \$5	0,000—\$49,000 0,000—\$69,999 70,000— 89,999	 \$90,000—\$109,999 \$110,000—\$129,999 Over \$130,000 		
List names and ages of siblings / your child	dren living	at home:			
Name:	age:	Name:		age:	
Name:					
Name:	age:	Name:		_ age:	
List any other dependents :					
Name:	age:	Name:		age:	

Are there other siblings and/or your children currently e	nrolled in college? Yes No
Are they receiving financial aid?	Yes No
List School, work activities and Work experiences: (you	may attach a separate page)
List your Volunteer, Community or Church activities: (yo	ou may attach a separate page)
List leadership positions:	
Identify schools to which you have applied or have been	accepted: Applied or Accepted
Name of school:	_ Tuition, Rm board:
Name of school:	_ Tuition, Rm board:
Year in college as of Fall 2019: Freshman	Sophomore Junior Senior
Area of Study:	Major: Minor:
List scholarships/grants you have received or are receivi	ng :
Name of Scholarship:	amount:
Name of Scholarship:	amount:
Name of High School graduated or graduating from:	
Rank in Class Out of # c	f students Adult returning to College
College GPA score:	e: SAT score:
	e. I authorize the release of my high school or college transcripts scripts must be attached with application. <u>Do not</u> send separately.
Signature:	Date:
	ation by March 15, 2019 to: nchor Rd . Dixon .Illinois .61021 . (815)288-6691