



KREIDER ALLIANCE
Advocacy • Education • Support

Kreider Alliance is a non-profit organization that supports the work of Kreider Services and provides advocacy for those they serve.

2020 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 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, Therapeutic Rec., Nursing, Social Work, Psychology, etc.

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

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

Please complete all of the blanks and answer all questions fully. Return this application by **March 15, 2020** to:

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—\$89,000 | <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 School(s) and Work experiences: (you may attach a separate page)

_____	_____
_____	_____
_____	_____
_____	_____

List your Volunteer, Community, Work or Church activities: (you 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 2020: Freshman Sophomore Junior Senior Grad. School

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, 2020 to:

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