



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.

2021 Educational Scholarship Application

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

P: 815 . 288 . 6691
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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 **April 1, 2021 to Kreider Services**

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 April 1, 2021 to:
Kreider Alliance . Attn: Scholarship . 500 Anchor Rd . Dixon . Illinois . 61021 . (815)288-6691