



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.

2024 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 or attending a high school in Lee County. Applicants should be enrolling or enrolled at an accredited college or university, a two year associates or bachelor degree and studying in a field related to people with disabilities such as but not limited to: Human Services, PT, OT, SPT, Special Education, Therapeutic Recreation, Nursing (LPN or RN), 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.

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: (Check mark one)

____ Under \$39,000 ____ \$40,000-\$69,999 ____ \$70,000-\$99,999
____ \$100,000-\$129,000 ____ 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 ____

Number of immediate family member (s) currently enrolled in college besides yourself _____

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 2024: 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 _____

Return the application by March 15,2024 to Kreider Alliance Scholarship Program ,PO BOX 366 , Dixon IL 61021

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 _____