



**KREIDER ALLIANCE**  
Advocacy • Education • Support

# 2026 Educational Scholarship Application

Kreider Alliance 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

**Kreider Alliance will be awarding up to five scholarships annually for \$500 - \$1000 each. Eligible applicants must be a resident of, or attending a high school in Jo Daviess, Lee or Whiteside 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

Return the application by March 15,2026 to Kreider Alliance Scholarship Program ,PO BOX 366 , Dixon IL 61021

Please complete all of the blanks and 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 \_\_\_\_\_

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 2026:  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 \_\_\_\_\_