

General Information

Name: _____

Age: _____ DOB: _____

Address: _____

Telephone: _____

Name(s) of parents/legal guardians(s): _____

How did you hear about this scholarship? _____

Name and address of high school: _____

Expected date of graduation: _____

Schools to which you have applied, in order of preference. Please indicate any you have received notice of acceptance:

• _____

• _____

• _____

What is your planned major? _____

What are your academic strengths? Please explain. _____

What are your academic weaknesses? Please explain. _____

Feel free to use the back for further explanation.

Essay

Using the following definition of self-advocacy, please type an essay no longer than one page on how you have advocated for yourself regarding your SLD in school, with family, and in the community.

Self-advocacy is the process of learning about your SLD, understanding and knowing what your needs and rights are to be successful, and speaking up for yourself in a constructive way.

Attach typed essay behind this page.

Certification and Authorization

Certification:

- All of the information on this form is true and completed to the best of my knowledge.
- I will be enrolling in a full-time college or vocational program in the autumn of the upcoming academic year.
- I will use the DRWS only to pay for the cost of attending higher education.
- I have not been convicted of committing any felony offenses.
- I have reached my 18th birthday (if not, please also have a parent or guardian sign and initial this form.)

Authorization: I hereby authorize the LEAD Foundation to use my name and likeness for publicity and public relations purposes.

All students who apply for the DRWS are asked to release potentially confidential personal and educational information to the LEAD Foundation. Such confidential information includes the student's intended major, academic standing, hometown and information related to scholarship requirements.

The Family Educational Rights and Privacy Act (FERPA) requires student consent to disclose personal and educational information to any individual. Students may grant their permission to release their educational information. In order to provide your school with the scholarship donation, we ask that you agree to the terms of this Certification and Authorization Form by signing and returning this form with your scholarship application submission.

Applicants are responsible for supplying certified transcripts and other documentation to the LEAD Foundation. In the event the LEAD Foundation finds it necessary to seek additional information, permission is given to contact school officials and other professionals to request additional information for use by the LEAD Foundation to determine scholarship eligibility or to remit payment of the scholarship award to the institution.

In signing your name below, you agree with the above Certification and Authorization.

Signature of applicant and Date:

Signature of parent/guardian and Date (if under 18):
