



Application Form for the Siobhan Isabella Reid Memorial Scholarship

Name of Applicant: _____

Current Address: _____

City: _____ Postal Code: _____

Telephone Number: _____ E-mail: _____

PLEASE ATTACH THE FOLLOWING:

In preparing this information for consideration by the Awards Committee, you may wish to refer to and make reference to the selection criteria.

1. A statement indicating:
 - (a) past and present educational involvement;
 - (b) plans for enrollment for the upcoming year, including the name of the university and faculty in which you will enroll;
 - (c) a description of your future academic program's component related to learning disabilities or ADHD.
2. A copy of the transcript of your last year's academic record.
3. The names, addresses, and telephone numbers of the three people (non-relatives) whom you have asked to submit letters of reference directly to the LDAA office.
4. An outline of your contribution to:
 - (a) the community;
 - (b) campus life.

Both email and mailed applications are acceptable.

Mail applications should be addressed to:
THE SIOBHAN ISABELLA REID MEMORIAL SCHOLARSHIP COMMITTEE
Learning Disabilities Association of Alberta
P.O. Box 29011, Lendrum P.O., Edmonton, Alberta T6H 5Z6

Email/Electronic Applications should be addressed to execdir@LDAAlberta.ca. Please include **SIOBHAN ISABELLA REID SCHOLARSHIP** in the subject line. Acceptable file formats include Word (all versions) and Adobe PDF. Scanned files in pdf format are also acceptable. Both mail and e-mailed applications must be received by the application deadline of May 31 of each year. For more information see our webpage at www.ldalberta.ca> Downloads> LDResources> Financials> Scholarships/Awards



EXCLUSION OF LIABILITY AND ASSUMPTION OF RISK

We hereby release and forever discharge, and do agree to indemnify and save harmless, the Learning Disabilities Association of Alberta and their employees, volunteers, or board members from all claims, demands, damages, actions, or causes of actions arising from or relating to participation in any aspect of the Siobhan Isabella Reid Memorial Scholarship, and from any claims or demands whatsoever in law or equity, or heirs, executors or administrators may have in relation to the Learning Disabilities Association of Alberta, except in cases of proven negligence on behalf of the Learning Disabilities Association of Alberta's staff.

I, the undersigned, hereby consent to the use, reproduction and publication of Siobhan Isabella Reid Memorial Scholarship application information, photographs, both moving and still pictures, of the recipients of the Isabella Reid Memorial Scholarship, taken on behalf of the Learning Disabilities Association of Alberta as such may be deemed desirable in the interests of the general public for an unlimited period of time on a non-exclusive basis.

Collection of the information, photographs, moving pictures, video or audio recordings and still photographs is authorized under the FOIP Act, Section 32 (c), and is required for the purpose of awarding the Siobhan Isabella Reid Memorial Scholarship, administered by the Learning Disabilities Association of Alberta.

The award information, photographs, moving pictures and video or audio recording will be used for promoting, and preserving the history of the Learning Disabilities Association of Alberta Siobhan Isabella Reid Memorial Scholarship, and are subject to the disclosure rules set forth in the Freedom of Information and Protection of Privacy Act.

We have been given an opportunity to ask any questions that we may have. We have fully informed ourselves of the out comes of this release form by reading it before we signed it.

Applicant Name

Applicant Signature

Parent/Guardian Name

Parent/Guardian Signature

Date

* Please include this signed waiver with the rest of the application.