



# Idas

Learning Disabilities Association of Saskatchewan

*The right to learn, the power to achieve*

## Learning Disabilities Association of Saskatchewan Scholarship

For Individuals with Learning Disabilities Pursuing a Post-Secondary Education Scholarship Application

**Important:** This application and all reference letters must be postmarked no later than **June 30<sup>th</sup>, of the present year**. Please forward completed application and all supporting documents to:

MacRae Memorial Fund Scholarship  
c/o Learning Disabilities Association of Saskatchewan  
2221 Hanselman Court  
Saskatoon, SK S7L 6A8

**Amount:** \$1000

\*\*\*Canadian citizens and landed immigrants with written documentation of a learning disability **and** who have graduated from a Saskatchewan high school. This scholarship does not provide for psycho-educational assessment for applicants \*\*\*

1. Name: \_\_\_\_\_  
Surname:  Mr.  Mrs.  Miss  Ms.

2. Telephone: \_\_\_\_\_ 3. SIN: \_\_\_\_\_

4. Address: \_\_\_\_\_

5. List, in chronological order, the secondary school from which you graduated and any other secondary schools you have attended starting with the most recent.

Name of School	Address	From/To	Diploma/Grade Completed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Prince Albert Branch  
1106 Central Ave  
Prince Albert, SK S6V 4V6  
(306) 922-1071

Regina Branch  
2221 Hanselman Crt  
Saskatoon, SK S7L 6A8  
(306) 652-4114

200 – 438 Victoria Ave E  
Regina, SK S4N 0N7  
(306) 790-8452



Member of the Learning Disabilities Association of Canada

6. Name and Address of post-secondary institution you plan to attend:

\_\_\_\_\_

7. Proposed course of study:

\_\_\_\_\_

\_\_\_\_\_

8. I have enclosed proof of admission (or conditional acceptance) from the institution I plan to attend and the program or course of study I plan to pursue.  Yes  No

9. Please list three (3) people who will be forwarding a letter of reference supporting your application, one of who must be a teacher who taught you in high school. Each person must have known you for a minimum of one (1) year. Letters from a relative are not admissible.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

10. Please submit a one (1) page description (or an alternate format) of how learning disabilities have affected your life, how you have learned to work with and compensate for your learning disabilities, and your future career plans.

I, the undersigned, submit the above and all enclosures to the Learning Disabilities Association of Saskatchewan (LDAS), for the purpose of submitting for the MacRae Memorial Fund Scholarship, without condition or stipulation, to be used as the LDAS or its agents see fit. I understand that these documents have become the property of LDAS and will not be returned. I understand that this information may be copied and distributed to committee members for the purposes of adjudication, but will be treated as personal and confidential within the adjudication process.

If I am awarded the scholarship, I understand that my name, photo, and/or biography may be used by LDAS or its agents for the purposes of publication in the LDAS newsletter (The Provincial) and/or any other promotional/informational publication(s) that LDAS or its agents might see fit.

The documents and information that I have submitted are true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Due to the nature of some learning disabilities, **an original application need not be submitted.** Reasonable facsimiles produced on a computer will be considered with the same weight as original applications, providing all questions are answered in order. Incomplete applications will not be considered.