

Harary Memorial Scholarship Fund Application

Learning Disabilities Association of Washtenaw County

The information you provide on this application is confidential and is only reviewed by the Harary Memorial Scholarship Fund Committee.

Part 1: Family Information

Student's Name _____

Date of Birth _____

Mother/Guardian's Name _____

Address _____

City/Zip-code _____

Home Telephone _____

Work Telephone _____

Employment _____

Father/Guardian's Name _____

Address _____

City/Zip-code _____

Home Telephone _____

Work Telephone _____

Employment _____

Who referred you to the Harary Fund?

Part 2: Financial Information

Please submit:

Evidence that your child receives Free and Reduced Lunch at school

Or

Proof of family income

We encourage you to share with our committee any special circumstances (i.e. family, health, etc.) that will help us better understand your family situation. Please provide this information on a separate sheet of paper.

Part 3: Educational Information

Student's School _____

District _____ Current Grade _____

Does student receive special education through their school? Please describe.

Name of special education teacher, if applicable _____

Has student ever worked with a private tutor? If so, please describe

Is student currently receiving private tutoring? ____ Yes ____ No

May we contact your tutor? ____ Yes ____ No

If yes, please provide the following:

Name of tutor _____

Telephone Number _____

Why do you feel the student will benefit from private tutoring?

**Additional information may be provided on a separate sheet.
By signing, you confirm you have provided accurate information and
you give permission that this information can be shared with the
Harary Memorial Scholarship Fund Committee for the purposes of
applying for a scholarship.**

Signature_____Date_____

**Please return this form to:
Harary Memorial Scholarship Fund at the following address:**

7642 Fourth St
Dexter, MI 48130

Please include:
Application
School section - unless the teacher is mailing it separately.

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Teacher Section:

(Additional information may be written on a separate sheet)

Student's name _____

Your name and position _____

If we need to contact you, what is the best way to reach you?

Is this student certified learning disabled and receiving services in one of all of these areas: reading, written language, spelling?

What kind of services has this student been receiving?

For what length of time has this student received services?

Do you have any recent standardized test results or classroom benchmarks available demonstrating this student's reading level?

Based on this student's most recent psychological evaluation, do the results indicate normal or above normal cognitive abilities? If not, please explain.

Has this student ever been offered a multi-sensory program such as Orton-Gillingham or Project Read? If so, what progress did s/he make?

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