



## 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 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 \_\_\_\_\_ Program \_\_\_\_\_

District \_\_\_\_\_ Current Grade \_\_\_\_\_

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

Name of student's teacher (s) \_\_\_\_\_

General Education teacher

\_\_\_\_\_  
 Special education teacher

\_\_\_\_\_  
 Reading intervention teacher

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

Is the student currently receiving private tutoring? \_\_\_\_ Yes \_\_\_\_ No

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May we contact your student's tutor? \_\_\_\_Yes \_\_\_\_No If yes, please provide the following contact information:

\_\_\_\_\_  
Name of tutor Tutor's 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\_\_\_\_\_

Relationship to student\_\_\_\_\_

**Please return this form to:**

**Harary Memorial Scholarship Fund at the following address:**

3117 Overridge  
Ann Arbor, MI 48104

Please include:

Application

Teacher 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 \_\_\_\_\_

Teacher's 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 or all of these areas:  reading,  written language,  spelling?

What kind of services has this student been receiving and on what schedule?

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?  Yes  No If not, please explain.

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

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