



**Idao** • Learning Disabilities  
Association of Ontario

## Gloria Landis Memorial Bursary Application

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**Deadline:**

APPLICATION DEADLINE is June 15<sup>th</sup>.

Applications postmarked after June 15th will not be considered.

### Attachment Checklist

**Reference Letter Number One**

**Reference Letter Number Two**

**Proof of Registration**

Please enclose proof of admission (or conditional acceptance) from the educational institution that you plan to attend. This information must be included in order to be considered for the bursary.

**Essay (See Page 5)**

**Proof of Ontario Residency**

We need proof of your permanent residency in the Province of Ontario please include a copy of one Of the following pieces of identification: Ontario Driver's License, Ontario Age of Majority Card, Canadian Passport

**Proof of Learning Disability**

All Candidates must have a diagnosed learning disability. We need proof that this diagnosis has been made. Please enclose a doctor's letter or psychological assessment that clearly states you have been diagnosed with a learning disability (this will be kept confidential).

**Release Form (See Page 6)**



# Gloria Landis Memorial Bursary Application Form

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## PERSONAL INFORMATION

Mr.                      Ms.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Apt. Number: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## EDUCATION

### MOST RECENT EDUCATION ATTENDANCE:

Dates: \_\_\_\_\_

Institution / School: \_\_\_\_\_

City / Province: \_\_\_\_\_

Full Time      Part Time

Degree / Diploma / Highest Grade Reached: \_\_\_\_\_

Completed:    Yes                      No



## **OTHER EDUCATION BACKGROUND:**

Dates: \_\_\_\_\_

Institution / School: \_\_\_\_\_

City / Province: \_\_\_\_\_

Full Time      Part Time

Degree / Diploma / Highest Grade Reached: \_\_\_\_\_

Completed:    Yes                  No

## **WORK EXPERIENCE**

Describe your two most recent positions and the responsibilities you had at each position

## **VOLUNTEER EXPERIENCE**

## **AWARDS RECEIVED**

## REFERENCES

(Outlining why you are deserving of this bursary - CAN NOT BE A RELATIVE)

### REFERENCE LETTER NUMBER ONE (please attach)

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### REFERENCE LETTER NUMBER TWO (please attach)

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### PROOF OF REGISTRATION (please attach)

Name of Educational Institution: \_\_\_\_\_

Course of Study: \_\_\_\_\_

Start Date: \_\_\_\_\_

Duration of Course: \_\_\_\_\_

Full Time:            Part Time:

## ESSAY

Please attach your essay paper (typewritten, audio-taped or electronic format)\*. The essay paper must be 2 to 3 pages long (400 to 600 words) and answer the following questions:

1. What is your understanding of your own learning disabilities?
2. How do your learning disabilities affect and contribute to your life?
3. How will your learning disabilities affect and contribute to your education?
4. How will your education improve or enrich your life?
5. What is your view of your life after you graduate from this program?
6. How will your learning disabilities and your education impact your future life?

Gloria Landis Memorial Bursary  
Learning Disabilities Association of Ontario  
365 Bloor Street East Suite 1004, Box 39  
Toronto, Ontario, M4W 3L4

## RELEASE FORM:

I have read the requirements of the bursary, completed all forms, essays and applications, and I have understood the terms of this award. I have submitted all the information requested of me in order to qualify for this bursary. I understand that if I do not provide all of the information that is required by June 15th, then I will not be considered for the bursary.

I understand that by submitting my application for this bursary that the Learning Disabilities Association of Ontario has the right to verify all the information on this application. I agree to have my picture and a brief biography in LDAO publications and to supply my social insurance number if I am awarded the bursary.

I have a diagnosed learning disability; I am 25 or older when submitting this application; I have been absent from full-time education for a period of 3 years; I am considered by my educational institution as a mature student. I understand that I must be fully accepted by my program of education at the time the funds are released. I have not been awarded this bursary previously.

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Applicant Signature

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Date

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Witness Signature

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Date