



## LEARNING DISABILITIES ASSOCIATION FRASER SOUTH CHAPTER

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### **HECTOR HADLEY MEMORIAL SCHOLARSHIP FOR STUDENTS WITH LEARNING DISABILITIES**

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The Learning Disabilities Association – Fraser South Chapter (LDAFS) will present a scholarship each year to an eligible student with a diagnosed learning disability who is pursuing post-secondary education.

This scholarship is named for A. Hector Hadley who was a dedicated advocate for people with learning disabilities. As the father of a person with learning disabilities (LD), he tirelessly sought after recognition, treatment and accommodations for LD.

**Purpose:** To encourage students with learning disabilities to participate in post-secondary education.

**Value:** The Scholarship is valued at \$500. One scholarship will be awarded annually.

**Duration:** One academic year on a full-time or part-time basis. Minimum of 3 courses per semester or equivalent.

**Eligible Institutions:** Any post-secondary institution.

**Criteria:**

- Candidates **must be diagnosed with a documented learning disability which is the primary disability**. A *copy* of the cover page, summary containing the diagnosis, and recommendations from the psycho-educational assessment must be provided. This information must be less than 5 years old.
- The candidate must be a Canadian citizen.
- The candidate must have attended a secondary school in Surrey, Delta, Langley or White Rock within the last 5 years.
- The candidate must be accepted into any post-secondary institution in the scholarship year.
- Membership in LDA Fraser South is not mandatory. Preference will be given to members of LDAFS or their immediate family.

**Deadline:** Completed applications as well as all supporting documents must be received by the Learning Disabilities Association – Fraser South Chapter (LDAFS) postmarked **no later than July 31, 2009**.

**The Selection Committee is comprised of members from the LDAFS Board of Directors. All applications are confidential and will be destroyed subsequent to the awarding of this scholarship.**



**LEARNING DISABILITIES ASSOCIATION  
FRASER SOUTH CHAPTER**

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**HECTOR HADLEY MEMORIAL SCHOLARSHIP  
APPLICATION FORM**

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

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

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

Home Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_  
(dd/mm/yy)

Canadian Citizen: By Birth \_\_\_\_\_ By Naturalization \_\_\_\_\_

Secondary school currently attending: \_\_\_\_\_

Post Secondary school attending: \_\_\_\_\_

LDAFS Member: Yes \_\_\_\_\_ No \_\_\_\_\_

Date: \_\_\_\_\_ Signature : \_\_\_\_\_

Submit applications to:

**Scholarship Selection Committee  
LEARNING DISABILITIES ASSOCIATION OF BC  
FRASER SOUTH CHAPTER  
201 - 13766 - 72nd Avenue  
SURREY, B.C. V3W 2P4**

Tel: 591-5156

Fax: 591-1669

**Application must be postmarked no later than JULY 31, 2009.**



**HECTOR HADLEY MEMORIAL SCHOLARSHIP APPLICATION FORM**

**Page Two**

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**DESCRIPTION OF YOUR LEARNING DISABILITY**

1. On a separate sheet of paper, describe in 200 words or less (one page maximum) the type and extent of your learning disability, how it impacts on your daily life, and an outline of coping skills and strategies which you have developed to compensate for your learning disability at school and at home. (This may be dictated.)

I have enclosed documentation from my psycho-educational assessment indicating my diagnosed learning disability. (Please include a *copy* only of the cover page, summary and recommendations only. This information is confidential and will be destroyed subsequent to the awarding of this scholarship.)

**COMMUNITY INVOLVEMENT**

2. On a separate sheet of paper, describe in 200 words or less, your extracurricular activities and interests and community involvement. Please provide us with information concerning your future goals. (This may be dictated.)

**ACADEMIC INFORMATION**

3. Name and address of post-secondary institution in which you have registered:

\_\_\_\_\_

\_\_\_\_\_

Starting date of academic year: \_\_\_\_\_ full-time  part-time  No. of courses: \_\_\_\_\_

I have enclosed proof of admission from the educational institution I plan to attend.

Yes  If no, please explain: \_\_\_\_\_

\_\_\_\_\_

4.  I have enclosed three letters of reference. It is preferred that one letter be from an educator and the other two must be from individuals that have known you for a minimum of a year. References from relatives will not be admissible.

Date: \_\_\_\_\_ Signature of applicant: \_\_\_\_\_