



## Application Form for the Siobhan Isabella Reid Memorial Scholarship

Name of Applicant: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

### PLEASE ATTACH THE FOLLOWING:

1. A statement indicating:
  - (a) past and present educational involvement;
  - (b) plans for enrollment for the upcoming year, including the name of the university and faculty in which you will enroll;
  - (c) a description of your future academic program's component related to learning disabilities.
2. An original transcript of your last year's academic record.
3. The names, addresses, and telephone numbers of the three people (non-relatives) whom you have asked to submit letters of reference directly to the LDAA office.
4. An outline of your contribution to:
  - (a) the community;
  - (b) campus life.

Please mail your application to:

THE SIOBHAN ISABELLA REID SCHOLARSHIP COMMITTEE  
C/o the Learning Disabilities Association of Alberta  
P.O. Box 29011, Lendrum P.O.  
Edmonton, Alberta  
T6H 3Z6

**DEADLINE FOR SCHOLARSHIP APPLICATIONS IS MAY 30<sup>TH</sup> OF EACH YEAR.**



## CONSENT FORM & EXCLUSION OF LIABILITY

Learning Disabilities Association of Alberta

### Siobhan Isabella Reid Memorial Scholarship

I, the undersigned, hereby consent to the use, reproduction, and publication of my name and school attending, photograph(s), both moving and still pictures, of the participants signed below, taken on behalf of the Learning Disabilities Association of Alberta for the Siobhan Isabella Reid Memorial Scholarship, as such may be deemed desirable in the interests of the general public for an unlimited period of time on a non-exclusive basis.

Collection of this information, photographs, moving pictures, video or audio recordings and still photographs is authorized under the FOIP Act, Section 32 (c), and is required for the purpose of operating the Learning Disabilities Association of Alberta's Siobhan Isabella Reid Memorial Scholarship.

This information, photographs, moving pictures and video or audio recording will be used for promoting, and preserving the history of the Learning Disabilities Association of Alberta Siobhan Isabella Reid Memorial Scholarship, and are subject to the disclosure rules set forth in the Freedom of Information and Protection of Privacy Act.

I, the undersigned, also hereby consent to the sharing of my personal information to the administrator of the scholarship, the University of Alberta Faculty of Graduate Studies and Research, for the purpose of ensuring that the Siobhan Isabella Reid Memorial Scholarship award criteria are met, and scholarship funds may be released directly to me from this Department.

I hereby release and forever discharge, and do agree to indemnify and save harmless, the Learning Disabilities Association of Alberta and their employees, volunteers, or board members from all claims, demands, damages, actions, or causes of actions arising from or relating to participation in any aspect of the Siobhan Isabella Reid Memorial Scholarship, and of any from claims or demands whatsoever in law or equity, or heirs, executors or administrators may have in relation to the Learning Disabilities Association of Alberta, except in cases of proven negligence on behalf of the Learning Disabilities Association of Alberta's staff.

I have been given an opportunity to ask any questions that I may have. I have fully informed myself of the out comes of this release form and waiver by reading it before I signed it.

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date