

**LINDA EKISS MEMORIAL SCHOLARSHIP  
APPLICATION FORM**

I, \_\_\_\_\_, am applying for the Linda Ekiss Memorial Scholarship to pursue a post-secondary education.

Student's Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Social Security No. \_\_\_\_\_

(Students who are currently enrolled at a post-secondary institution should supply the institution's address below.)

Name of Post-Secondary Institution \_\_\_\_\_

Post-Secondary Institutions Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

College, university, or other educational institution the student is attending or plans to attend:

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

Please mail to:  
**LDA of the Ozarks**  
**P.O. Box 4362**  
**Springfield, MO 65808**

Application Deadline: **April 15, 2006**  
Notification of Scholarship Recipient: May 10, 2006

Learning Disabilities Association of the Ozarks  
(417) 882-2008