



LDAWE Scholarship

2021 Terms and Conditions

1. The Learning Disabilities Association of Windsor-Essex County (LDAWE) reserves the right, in its sole discretion, to modify, amend or cancel the LDAWE Scholarship Program (the “Program”) at any time without notice, and to decide all questions respecting the awarding of Scholarships, and the administration of the terms and conditions of the Program.
2. The following are NOT eligible to receive a Scholarship: employees of the LDAWE; the children of LDAWE employees; current LDAWE board members; and Program applicants (“Applicants”) who provide false information to LDAWE at any time.
3. To be eligible for a Scholarship, Applicants must:
 - a. be registered to attend a full time program at St. Clair College (Windsor Campus) or the University of Windsor in the following school year;
 - b. be Canadian citizen or have permanent resident status;
 - c. certify that all the information provided on the Program application form (“Application”) and in all the accompanying documents in true, accurate and complete to the best of their knowledge; and
 - d. be available for an interview and picture at a designated location on the day chosen by LDAWE.
4. By submitting an Application, the Applicant authorizes LDAWE, the Scholarship judges, The Association of Universities and Colleges of Canada (“AUCC”), and their respective representatives to collect, use, store and confirm information about the Applicant, provided on the Application submitted (including references)



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to those who need to know such information for the purposes of administering and promoting the Program. The selection committee will use the information only for the purposes of evaluating the Application.

5. A Scholarship awarded under the Program can be held at St. Clair College (Windsor Campus) or at the University of Windsor. The Scholarship recipient (“Recipient”) is responsible for securing admission to an Approved School of their choice, in accordance with the requirements and deadlines of each school. Students who have resided in Windsor-Essex County for a minimum of 5 years preceding submission of the Application will be given special consideration.
6. The 2021 LDAWE Scholarship will have a value of no more than five hundred Canadian Dollars (\$500) and is a one-time award. Tuition costs will be paid directly to an Approved School, and will not exceed a maximum of five hundred Canadian Dollars (\$500).
7. A Recipient must:
 - a. Attend an Approved School on a full-time basis (as defined by the school) in the following school year,
 - b. Be enrolled in a course of study leading to a first degree/diploma
8. All Recipients must inform themselves as to the tax consequences of receiving the Scholarship.
9. All Recipients will be required to sign a Declaration and Release which will entitle LDAWE to use the Recipient’s name, city and province of residence, and photograph, without further compensation for any publicity carried out by LDAWE with respect to the Program.
10. Local secondary schools and the Disability Services Offices at St. Clair College and the University of Windsor will be notified of the application process.



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11. Submissions will be received by email or in person by **4:00 pm on Thursday, April 29, 2021**. Please note if hand-delivering application our office is closed on Fridays. Successful candidates will be notified by mid-May 2021.

12. Applications will be sent to or dropped of to:

Learning Disabilities Association of Windsor-Essex County
3945 Matchette Road
Windsor, ON N9C 4C2
Attention: Scholarship Committee



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Presentations will be accepted in any of the following formats:

- Essay (Maximum 1500 words)
- Visual Presentation – PowerPoint (Maximum 25 slides)
- Video on a playable DVD or disc or flash drive in mov, wmv, avi, flv file (Maximum 10 minutes)
- Voice File on CD as a wav, aac, ac3, or mp3 (Maximum 10 minutes)

NOTE: No content or media will be returned.

PERSONAL DECLARATION AND RELEASE

I, _____ (Applicant's full name), declare that the information provided in this submission is accurate. I understand that false statements can result in withdrawal of my application.

I, _____ (Applicant's full name), give consent to the Learning Disabilities Association of Windsor-Essex County to contact _____ (name of Professional confirming learning disability and residency), regarding information in this application.

Applicant Name (please print)

Witness Name (please print)

Applicant Signature

Witness Signature

Date

Date