

**LD RESOURCES FOUNDATION INC.  
STUDENT AWARD CHECKLIST**

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

Name of award for which you are applying: \_\_\_\_\_

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

\_\_\_\_\_

Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Yes    No**

\_\_\_\_    \_\_\_\_    Brief bio or narrative

\_\_\_\_    \_\_\_\_    Proof of current college registration

\_\_\_\_    \_\_\_\_    Most recent academic transcript

\_\_\_\_    \_\_\_\_    Proof of financial need

\_\_\_\_    \_\_\_\_    Proof of diagnosis of learning disability

Missing \_\_\_\_\_

Reason \_\_\_\_\_

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

\*Please attach the Student Award Checklist to the front of your application.