



WrightsLaw Scholarship Application

Name: _____

Address: _____

Phone: _____

Email: _____

Please tell us how you are affiliated with the field of special education:

I am a Parent of Caregiver

I am a professional (special educator, therapist, etc.)

I am a Student

I am an attorney

Please complete the following questions to be considered to receive a scholarship opportunity (stipend for the cost of registration). Stipends are limited and decisions will be based on how an individual answers the questions, financial need and the benefit to be gained by attending. Contact Justine Whitehouse with questions, jwhitehouse@rampcil.org or 779-774-1021.

1. Why and how would you benefit from this opportunity?

2. Describe the financial hardship that prevents you from paying to attend the training at the listed rate?

3. Diversity is important to RAMP. We are interested in offering funding to individuals from diverse backgrounds. What is your experience with disabilities, whether it be a personal disability or a family or professional relationship that has had an impact on you? Please explain.

Return Application via mail, email or fax:

MAIL RAMP c/o Justine Whitehouse 115 N First St. DeKalb IL 60115

EMAIL jwhitehouse@rampcil.org FAX 815-968-7612