



Power to Achieve Scholarship Award - Spring 2025

Presented by the Learning Disabilities Association of Durham Region in partnership with the Durham Catholic District School Board

| Applicant Information | | |
|---|---|--|
| Student/Applicant's Name | | |
| Home Address | | |
| Email Address | Phone Number | Preferred Language of Correspondence |
| Post-Secondary Plans: Apprenticeship, College or University | | Program Name |
| Parent/Caregiver Name(s) | Phone Number(s) | Email(s) |
| Parent/Caregiver Name(s) | Phone Number(s) | Email(s) |
| Name of Current School | | |
| ☐ Confirmation that student | t has diagnosis of a Learning Disa | ability. |
| Submission Format (reference | : Power to Achieve Scholarship (| Overview) |
| School Contact Information – I | Name of Key Contact and School | Phone Number |
| Vice-Principal or Principal Sign | ature Student/Applicar | nt's Signature* |
| *Certifies that all information is corre | ect and gives consent for submission to | be shared by LDADR and the DCDSB through social media. |

*Certifies that all information is correct and gives consent for submission to be shared by LDADR and the DCDSB through social media. Power to Achieve Scholarship Award Spring 2025.