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# 2019

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## Scholarship Application

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### Contents:

- Application Criteria
- Application Process
- Application
- Award Requirements
- Letter of Reference
- Frequently Asked Questions

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The Smile Out Loud scholarship  
is provided for  
high school students and post high  
school individuals  
who learn differently by the  
Smile Out Loud Foundation.

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The Purpose of The Smile Out Loud Foundation, Inc. scholarship is to recognize and reward students and adults with learning disabilities that have overcome learning challenges, achieved academic progress in their formative school years and will continue their educational journey by pursuing a higher level of learning at an accredited Nebraska institution.



**Vision:** The Smile Out Loud Foundation provides tools for individuals with Dyslexia so these individuals can have a productive SMILE-filled life in society.

**Purpose:** The purpose of Smile Out Loud Foundation is to create awareness in society concerning Dyslexia by providing resources and education.

**Mission:** To build strategic relationships with businesses and community organizations to engage youth with Dyslexia in the learning process.

For more information visit [www.smileoutloudfoundaton.org](http://www.smileoutloudfoundaton.org).

## Smile Out Loud Scholarship Application Criteria

*One \$1,000 scholarship will be awarded in 2019 to a dyslexic student attending a Lancaster County, Nebraska high school or adult who graduated from high school or received a GED who has been accepted for enrollment at a Nebraska institution of higher education located in Lancaster County.*

**The eligible student must meet the following criteria:**

1. Must be a U.S. citizen who is at least 18 years of age by the time the award is made.
2. Must be a current high school senior, attending and an accredited high school in Lancaster County, Nebraska or an adult who graduated from high school or received a GED in Lancaster County.
3. Must have an overall grade point average of 2.0 or higher on a 4-point scale.
4. Must have a documented Specific Learning Disability\* as defined by the Nebraska Department of Education Regulations and Standards for Special Education Programs (aka Rule 51) OR by a licensed educational psychologist or physician. A diagnosis of ADHD or ADD alone does not qualify.
5. Must provide at least one letter of reference from a teacher, high school counselor or high school principal of present high school explaining why the student is a suitable applicant for the Smile Out Loud Foundation award.
6. Must be accepted for enrollment at an accredited Nebraska institution of higher education. Applicant will provide Smile Out Loud progress information.

**\*Specific Learning Disability** (as defined by Rule 51)

*To qualify for special education services in the category of specific learning disability the child must have a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to*

*listen, think, speak, read, write, spell or to do mathematical calculations. The category includes conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The category does not include children who have learning problems that are primarily the result of visual, hearing, or motor disabilities; of intellectual disabilities; of emotional disturbance; or of environmental,*

*Source: Nebraska Department of Education Regulations and Standards for Special Education Programs  
cultural, or economic disadvantage.*

**The Smile Out Loud Foundation was founded to create post high school scholarships for dyslexic individuals.** David Staenberg is Founder and Executive Director of the Smile Out Loud Foundation. David is known as the "Free Smile Guy." David is an author, life coach, and a diagnosed dyslexic. Growing up with a learning disability and having people label him as "stupid" or "dumb," David is fully aware of the limitations of living with this learning disability and what it takes to overcome it. He's made it his life mission to increase awareness and funding for individuals with learning disabilities. More information is available at [www.smileoutloudfoundation.org](http://www.smileoutloudfoundation.org).



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## Application Process

Only fully completed applications will be considered for the Smile Out Loud scholarship. The following materials must be in order. All materials for each nominee must be included in one mailing. Materials will not be returned.

**Application and supportive documentation to the Smile Out Loud Foundation, Inc. are due by May 1, 2019. Applications received after May 1 will not be considered.**

Please include:

- A fully completed and signed application
- A complete high school transcript. Contact the counselor of your high school to receive a copy.
- Current documentation of a Specific Learning Disability or verification of Dyslexia. This documentation may include an I.E.P. and/or a 504 plan, a letter from an educational psychologist who performed the educational testing or school counselor detailing the diagnosis. Documentation from a licensed educational psychologist or physician is acceptable. A diagnosis of ADHD/ADD alone is not considered.
- A completed recommendation from a teacher, school counselor, or principal. The form should be in a sealed school letterhead marked envelope.
- A recent photograph with the student's name written on the back.

Mail entire application to:

**Smile Out Loud Foundation, Inc.  
Attention: Scholarship Selection Committee  
P.O. Box 206  
5100 No. 27<sup>th</sup> St. Suite A-2  
Lincoln, NE 68521**



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# Application

**Application and supportive materials must be received by the Smile Out Loud Foundation, Inc. by May 1, 2019.**

The application must be fully completed and signed. The answers to the questions may be legibly handwritten or typed. Grammar, punctuation, spelling and handwriting will not be a deciding factor. Scholarship determination will be based on student dedication and perseverance to succeed regardless of learning differences.

***Please attach a recent photograph to the application. Please use extra paper as needed.***

1. Applicant's Basic Information		
First Name:	Last Name:	Name Called:
Mailing Address (Street, City, State, Zip):		
Date of Birth (MM/DD/YYYY) / /	Email Address	Permission to Email? <input type="checkbox"/> YES <input type="checkbox"/> NO
Home Phone	Cell Phone	Phone preferred? <input type="checkbox"/> Home <input type="checkbox"/> Cell
What is your diagnosis of a Specific Learning Disability?		
Educational Background: Please list the name of your last high school and the address:		
High School Counselor or special education teacher's name, position, and email address:		
2. Applicant's Parental Information		
Father's First Name:	Father's Last Name:	Profession:
Mailing Address (Street, City, State, Zip):		
	Email Address	Permission to Email? <input type="checkbox"/> YES <input type="checkbox"/> NO
Home Phone	Cell Phone	Phone preferred? <input type="checkbox"/> Home <input type="checkbox"/> Cell
Mother's First Name:	Mother's Last Name:	Profession:
Mailing Address (Street, City, State, Zip):		
	Email Address	Permission to Email? <input type="checkbox"/> YES <input type="checkbox"/> NO
Home Phone	Cell Phone	Phone preferred? <input type="checkbox"/> Home <input type="checkbox"/> Cell
3. Accredited Nebraska institutions of higher education to which you have submitted applications		
Name of School:	City:	State:
Name of School:	City:	State:
Name of School:	City:	State:

**Applicant's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_



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*Grammar, punctuation, spelling and handwriting will not be a deciding factor.*

**4. Questions and Essay**

**At what age did you receive a diagnosis of a learning disability? How did this diagnosis affect you?**

**What are a few of the extra-curricular activities that you have participated in? With what work related activities have you been employed?**

*Please use the space below or attach a separate paper that has your full name and birthdate written on it.*

**Write your story about your struggles and successes related to your dyslexia or Specific Learning Disability. Share your career wishes and the support you have received from parents, teachers or others to help you become determined to meet your goals. You may substitute a video recording to answer the required essay question instead of a written format. Include with the application or send to [FreeSmileGuy@gmail.com](mailto:FreeSmileGuy@gmail.com).**

**Applicant's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_



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## Award Requirements

**Application and supportive materials must be received by the Smile Out Loud Foundation, Inc. by May 1, 2019.**

The recipient must provide the Smile Out Loud Foundation, Inc. proof of registration to an accredited Nebraska institution of higher learning for the scholarship to be issued the fall semester of the same year that the award is presented. The student must be enrolled in 2 or more core classes each semester or quarter. If student withdraws, the monies that have not been used shall be returned to the Smile Out Loud Foundation, Inc. The funds can be used for tuition, books or required classroom materials/equipment during the first year of attendance.

**Applicant's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

By their signature(s) hereto, the applicant and/or guardian(s), if applicable, warrants and represents and certifies that all information hereon and/or submitted herewith is true, correct, complete and accurate to the best of their knowledge, that there are no material omissions or misrepresentations, that the application is entirely the work of the applicant and that the applicant meets all of the eligibility criteria.

By signing this form, the applicant (and guardian, if under age 18) acknowledges that the Smile Out Loud Foundation, Inc. may use information provided by the applicant and/or included in the application materials, including, without limitation, applicant's name and likeness and may publish the same in furtherance of the purposes and in the sole discretion of the Smile Out Loud Foundation, Inc. By their signature(s), the applicant and/or guardian hereby authorizes, consents and grants to the Smile Out Loud Foundation, Inc. the absolute right and permission to use the information provided by applicant and any information contained in the application packet, including the name, likeness, personal statement or part thereof, photograph, videotape, quotes and/or information about the applicant, including, without limitation, in any Smile Out Loud Foundation, Inc. publication, and/or public relations materials and further hereby waives the right to approve the finished product(s) and/or its specific use(s) and agrees to release and hold harmless the Smile Out Loud Foundation, Inc. from any claims, damages, or liability whatsoever from or related to the use and disclosure of such information and/or likeness.

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

Signature of Parent or Guardian: \_\_\_\_\_

*(Required if applicant is under 18 years of age)*

Smile Out Loud Foundation, Inc. applicants are responsible for supplying the information required for the application to be reviewed. However, if the Smile Out Loud Foundation, Inc. finds it necessary to contact the school, institutions of higher learning, psychologist or school officials that were submitted in the application to request further information, I hereby allow this, and give permission to do so.

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

Signature of Parent or Guardian: \_\_\_\_\_

*(Required if applicant is under 18 years of age)*

The Smile Out Loud Foundation, Inc. reserves the right not to grant any scholarships for any particular year if, in its sole discretion, the Smile Out Loud foundation, Inc. determines that no suitable candidate has applied for such year in which case, the funds for the scholarship for that year can be carried over and applied to a scholarship the following year. The judges are comprised of various Smile Out Loud Foundation, Inc. Board of Directors and committee members.



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**Applicant's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**5. Letter of Reference**

**Please fill out completely and seal in school letterhead envelope. Please return to student and they will enclose in their application to the Smile Out Loud Foundation, Inc. This form is due by May, 1, 2018.**

**School Information**

Name of School: \_\_\_\_\_ School Address (Street, City, State, Zip): \_\_\_\_\_

**Recommender's Information**

First Name:	Last Name:	Title/Position:
Email Address:		Phone:

**Applicant's Information**

Applicant's First Name:	Applicant's Last Name:	Applicant's Current Grade:
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Disability Diagnosis of the Applicant:

Please elaborate why you believe this particular student is a suitable applicant for the Smile Out Loud, Inc. scholarship award. Feel free to attach a second sheet, if needed.

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



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## Smile Out Loud Scholarship Frequently Asked Questions

- ***How much is the Smile Out Loud scholarship for 2019?***  
The scholarship is \$1,000. Funds may be used for student tuition at any accredited Nebraska institution of higher education.
- ***Where can I find an application?***  
Applications from guidance counselors in any Lancaster County, Nebraska or online at [www.smileoutloudfoundation.org](http://www.smileoutloudfoundation.org).
- ***When is the scholarship application due?***  
The application is due by May 1, 2019. Send it along with any required documentation to P.O. Box 206, 5100 No. 27<sup>th</sup> St., Suite A-2, Lincoln, NE 68521. Applications received after May 1 will not be considered.
- ***When will I find out if I receive the scholarship?***  
The recipient will be notified by June 1, 2019.
- ***How are the scholarship funds disbursed to me?***  
The funds will be sent by July 1, 2019, to the higher education institution for the benefit of the scholarship recipient.
- ***What can the scholarship funds be used for?***  
The scholarship funds may be used for tuition, books or required classroom materials/equipment during the first year of attendance.