

**Marion Huber Learning Through Listening® (LTL®) Awards**

For Learning Ally Members who are High School Seniors with Learning Disabilities

**DEADLINE:** Applications must be submitted, emailed or postmarked no later than **May 31, 2016**

**ABOUT THE AWARD**

Each year, the *Marion Huber Learning Through Listening* awards are presented to Learning Ally members who are high school seniors with learning disabilities, in recognition of academic achievement, outstanding leadership, and service to others.

Marion Huber was a long-term and loyal donor to Learning Ally, formerly RFB&D, who was particularly committed to our expanded mission of engaging to students with learning disabilities. She observed the power of “learning through listening” to transform lives, and it was for this reason that she made an endowed gift to fund an award for students with dyslexia and other disabilities that prevent effective reading. By creating a permanent endowment, Marion Huber ensured that the work she valued during her lifetime continues today.

Offered since 1991, the awards are given to six students who are chosen by a selection committee. Learning Ally presents the three top winners \$6,000 each and three special honors winners \$2,000 each. The three top winners will be presented with their awards at the National Achievement Awards Gala, the culminating celebration of Learning Ally’s annual Student Success and Achievement Summit. This year the Summit will be held in Denver, Colorado in Spring 2017.

**ELIGIBILITY REQUIREMENTS**

To apply for this award, you must be able to respond affirmatively and check all of the following eligibility criteria:

- I have a specific learning disability (please note that visual impairment alone does not indicate eligibility for this award). For the purposes of this award, a learning disability is defined as a neurological disorder that affects a person’s ability to receive, process, store and/or respond to information, and which affects the person’s ability to read standard print.
- I am a registered member of Learning Ally, formerly RFB&D, and have been using Learning Ally services (individually or through a school) since January 30, 2015 or earlier. Membership number or Username must be provided.
- I am a member of the 2016 graduating class of a public, private, or home school in the United States or its territories, including U.S. military installations.
- I plan to continue my formal education beyond high school at either a two- or four-year college or vocational school.
- I have not previously received an award from Learning Ally, formerly RFB&D.
- I am not a family member of a Learning Ally staff member or volunteer serving on the national board.

Applicants should be aware that:

- As a top winner, you must be present at the National Achievement Awards Gala during April 2017 in Denver, Colorado.

- All winners will be asked to represent Learning Ally as a spokesperson and advocate at various local and national events. Costs associated with these events will be covered by Learning Ally.

### **Marion Huber Learning Through Listening® (LTL®) Award Application Requirements**

Candidates that meet all of the eligibility criteria must submit the following documents:

1. A fully-completed and signed personal application (Form 1, pages 3-5)
2. Personal Narrative Statements responding to the following questions within defined word counts:
  - A Brief description about your background and your future personal and professional aspirations. Include challenges you have overcome with details specific to your learning disability and/or visual impairment. (word count: 500)
  - When and how did you discover and begin using Learning Ally? What difference has Learning Ally made in your life, and how has Learning Ally helped you both in the classroom and life in general? (word count: 500)
  - What advice would you give to other students who might need Learning Ally? (word count: 150)
  - Explain how and why you would be a good Learning Ally spokesperson and advocate? (word count: 150)
3. Details of any honors, awards, and noted achievements, including educational honors, special awards, honorary society memberships, and any special accomplishments (recognition, scholarships, and talents). (word count: 100)
4. Brief description of any of your extracurricular, community activities, and leadership roles. Please provide timeframes and the extent and level of involvement. (word count: 500)
5. One letter of recommendation for this award from someone (must be a non-relative and not a legal guardian) who has had a positive influence/impact on your academic performance and success. This may be a teacher, tutor, community leader, or school administrator who knows you personally and can speak to your classroom performance and extracurricular activities. The letter of recommendation must be accompanied by a referral form (Form 2, page 6-7) and personally signed by the author.
6. An official transcript of your high school grades will be required *if you are selected in the pool of final candidates*. If homeschooled and selected as a final candidate, you will need to submit grades or transcript in accordance with your state's home schooling standards.

### **ADDITIONAL APPLICATION INSTRUCTIONS**

- Only fully-completed applications will be considered for the awards.

- Please DO NOT include additional information (such as news clippings, photos, or additional references) beyond that which has been specifically requested. Such information will not be considered and will not be returned.
- Please use standard 8.5 x 11-inch paper for your personal portion of the application. DO NOT use cardstock.
- Applications must be submitted online, emailed, or postmarked no later than **May 31, 2016**.

**Questions?** Contact Member Success at [naa@LearningAlly.org](mailto:naa@LearningAlly.org) or call (800)221-4792.

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**FORM 1 – PERSONAL APPLICATION**

Please type or print clearly and include ONLY the information that is requested in the spaces below.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Describe your particular disability: \_\_\_\_\_

\_\_\_\_\_

Name of school you currently attend: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Anticipated graduation date: \_\_\_\_\_ Grade Point Average: \_\_\_\_\_

School you will be attending next year: \_\_\_\_\_

If you have not selected a college, please list the schools to which you have applied:

\_\_\_\_\_

Are you a member with Learning Ally individually? Y/N \_\_\_ If Yes, provide ID # \_\_\_\_\_

Are you a member with Learning Ally through your school or an institution? Y/N \_\_\_\_\_

If you have a membership through a school or institution, you must provide a contact:

Name/Membership # of school/institution: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

How long have you been a member of Learning Ally? \_\_\_\_\_

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**FORM 1 – PERSONAL APPLICATION** (continued)

How did you hear about Learning Ally? \_\_\_\_\_

Approximate number of Learning Ally audiobooks borrowed/read in the last 3 years: \_\_\_\_\_

List the Learning Ally services and programs you have utilized and participated in: (such as webinars, in person events, YES! Programs, online resources, audiobooks) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE**

The applicant (or guardian) signature constitutes a pledge that this application is accurate to the best of their knowledge, that the application is entirely the work of the applicant and that the applicant meets all of the eligibility criteria. In addition, by signing this form, the applicant (and guardian, if under age 18) agrees to participate in Learning Ally media activities and gives Learning Ally the absolute right and permission to feature the name, photograph, videotape, quotes and/or information about the applicant in any Learning Ally publication and/or public relations materials; and hereby waives the right to approve the finished product(s).

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

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

(required if applicant is under 18 years of age)

Name of parent or guardian: \_\_\_\_\_

**MAIL TO:**

57th National Achievement Awards

Attn: Member Success

Learning Ally

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20 Roszel Road  
Princeton, NJ 08540  
Email: [naa@LearningAlly.org](mailto:naa@LearningAlly.org)

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**FORM 2 –RECOMMENDATION FORM**

This form must be attached to your letter of recommendation.

PLEASE TYPE OR CLEARLY PRINT

Applicant's Name: \_\_\_\_\_

Name of School: \_\_\_\_\_

Name of Individual completing Recommendation: \_\_\_\_\_

Relationship to Student Applicant: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

The student whose name appears above is applying for a Marion Huber Learning Through Listening award, presented by Learning Ally to members who are graduating high school seniors with learning disabilities, in recognition of academic achievement, outstanding leadership, and service to others. Your recommendation offering specific information about the accomplishments and qualifications of the applicant, and your comments as to how Learning Ally has helped this student, will be most helpful to the selection committee in its evaluation.

Your estimation of the applicant's performance, abilities and personal qualities will be carefully reviewed. If you are aware of contributions the applicant has made to the school or community, please comment on his/her talent, dedication and effectiveness.

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