

## The Novotni College Scholarship Fund

### Levels of Scholarships:

\$1,000 for tuition

\$3,000 for tuition

\$5,000 for tuition

### Qualifications for Scholarships:

#### Applicant must...

1. Be accepted or attending an approved college or university as an undergraduate student.
2. Have been diagnosed with AD/HD by a licensed physician or mental health professional.
3. Complete the ADDA Application for the Novotni College Scholarship Fund.
4. **Submit application for approval no later than March 15<sup>th</sup>.**
5. Include two reference letters (with contact information) supporting the application for the scholarship from teacher, clergy, physician, therapist, etc.
6. Applicants can reapply each year for the scholarship.

**Scholarship recipients will be notified by May 31<sup>st</sup> each year.** Payments will be made directly to the college specified on behalf of the student.

*Please note: Anyone related to or employed by a past or present ADDA Board of Director, Professional Advisory Board member or ADDA employee will not be eligible due to possible conflicts of interest.*

## ADDA APPLICATION FOR THE NOVOTNI COLLEGE SCHOLARSHIP

Name:	Date:	Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address:	City, State, Zip:		
Phone Number:	Email Address:		
Please attach an official statement from physician or mental health professional that indicates you have been diagnosed with AD/HD.			
College you are attending or plan to attend:			
Address:			
Phone:			
High school GPA (weighted _____) College GPA _____			
SAT Scores: Reading _____ Math _____ Writing _____ ACT Scores _____			
<b>ESSAY:</b> Please explain why you would like to be considered for a Novotni College Scholarship <i>in 500 words or less</i> . Specifically indicate the ways in which AD/HD has been a challenge for you in the educational setting and the strategies you have used to meet the challenge.			
I agree to grant ADDA the right to reproduce, distribute, publish, display, edit, and otherwise use my essay or letters of recommendation in whole or in part.			
<b>Understood and Agreed:</b> _____ Signature _____ Date			
Reference Information:			
Name:	Title:		
Street Address:	City: State: Zip:		
Phone Number:	Email Address:		
Reference Information:			
Name:	Title:		
Street Address:	City: State: Zip:		
Phone Number:	Email Address:		

***Please submit completed application to:***

ADDA

P.O. Box 7557

Wilmington, Delaware 19803-9997

Email: [info@add.org](mailto:info@add.org)

Phone/Fax: 1-800-939-1019

***Please mail 2 reference letters to the above address.***