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**th.
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 31st 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**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date:</th>
<th>Date of Birth:</th>
<th>☐ Male ☐ Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td>City, State, Zip:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone Number:</td>
<td>Email Address:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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** _______

**ESSAY**: Please explain why you would like to be considered for a Novotni College Scholarship *in 500 words or less*. 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.

**Understood and Agreed:**

____________________________________ Signature __________________________ Date

**Reference Information:**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td>City: State: Zip:</td>
</tr>
<tr>
<td>Phone Number:</td>
<td>Email Address:</td>
</tr>
</tbody>
</table>

**Reference Information:**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td>City: State: Zip:</td>
</tr>
<tr>
<td>Phone Number:</td>
<td>Email Address:</td>
</tr>
</tbody>
</table>

**Please submit completed application to:**

ADDA
P.O. Box 7557
Wilmington, Delaware 19803-9997
Email: info@add.org
Phone/Fax: 1-800-939-1019

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