



In order for your application to be considered complete and reviewed by the scholarship committee, the following documents are required. All information will be kept confidential.

Please use this checklist to ensure that you have included all of the requested documents.

- A letter describing the financial need for the scholarship
- Scholarship Application
- Copy of psychoeducational or dyslexia assessment (completed within the last 3 years)
- Letter of recommendation from an educational professional who knows the student well
- Copy of report card from the previous school year as well as the student's most recent report card
- Completed Therapist Information Form
- The previous year's (1040) income tax return
- Completed student questionnaire

Information may be submitted to:

dallasida.scholarships@gmail.com

OR

Dallas Branch International Dyslexia Association
Attn: Scholarship Committee
14070 Proton, Suite 100
Dallas, TX 75244



SCHOLARSHIP APPLICATION

14070 Proton, Suite 100 | Dallas, TX 75244 | (972) 233-9107 x222
www.dallasida.org | dallasida.scholarships@gmail.com

Instructions:

1. To apply for a Dallas IDA Academic/Educational Therapy scholarship, please provide accurate and complete information.
2. Scholarships are awarded on the basis of **financial need**. The information you provide will be kept confidential.
3. Please print the following information clearly. Turn in the completed application, with accompanying documentation as requested in the scholarship guidelines, to the Dallas IDA office.
4. If this form is incomplete, inaccurate, or not signed, it will not be considered.

Student's Information	
Name: _____ Birthdate: ____/____/____ Age: ____ <input type="checkbox"/> Male <input type="checkbox"/> Female	
Mother/Guardian's Name: _____	Father/Guardian's Name: _____
Occupation: _____	Occupation: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Telephone Number: _____	Telephone Number: _____
Email: _____	Email: _____

To be completed by the parent/guardian regarding the student:	
What is the student's educational need?	

<p>Please list the specific language-based learning difference(s) the student has been diagnosed with:</p>	
<p>What are the student's strengths?</p>	
<p>What are the student's hobbies and interests?</p>	
<p>What current support services are the student receiving?</p>	
<p>What previous support services have the student received?</p>	
<p>Please include any other information about the student that you feel is important for us to know.</p>	

Has this applicant previously applied for this scholarship? Yes No

If yes, date applied _____

Has this applicant previously been awarded a Dallas IDA scholarship? Yes No

If yes, when? _____ What amount was awarded? _____

Parents/Guardians are required to commit to the student's therapy through financial participation – are you willing to do so? Yes No

Have you selected a specific center, therapist, or program for the remediation process if the student is awarded the scholarship? Yes No

If so:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Scholarship applications are reviewed twice a year.

Deadlines are April 30 and October 31.

I certify that the statements herein are true to the best of my knowledge and grant my permission for the information contained to be shared with the scholarship selection committee.

Student's Signature: _____ Date: _____

Parent or Guardian's Signature: _____ Date: _____



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Student Questionnaire

To be filled out or dictated by the student.

Name _____

I like _____

I feel proud when _____

**My favorite subject in school
(or part of the day) is** _____

My hardest thing in school is _____

I feel sad when _____

I am good at _____



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Therapist Information Form

This information is to assure Dallas IDA that all therapists in consideration for payment through our scholarship program are appropriately qualified. To be completed by the therapist:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Educational background and degrees:

Professional Affiliations:

Potential Client's Name: _____

Description of Therapy Program Used:

Number of Sessions per week: _____

Session Rate: _____ Time frame for completion of the program: _____

Are you currently a member of the International Dyslexia Association (IDA)? Yes No

(Membership in IDA is not required for an applicant to be awarded a scholarship. Membership in IDA helps with efforts that support future scholarships and is highly encouraged)

Please attach a copy of your credentials and/or licenses

I declare that the information is correct and complete.

Therapist's Signature: _____ Date: _____

Therapist has one year from date scholarship awarded to submit receipt for payment of sessions after they have been completed. Late submissions will be voided and become the therapist's responsibility for payment.

Please return this completed form along with the requested documents to:

Dallas Branch International Dyslexia Association

14070 Proton, Suite 100

Dallas, TX 75244

or via email to dallasida.scholarships@gmail.com