



Dallas Branch
of the
International Dyslexia Association

Scholarship Application Information

We believe every person with dyslexia should have the opportunity to receive therapy specifically developed for them and the way their mind works. IDA Dallas offers financial need-based scholarships for students with dyslexia to be used towards Educational/Academic Therapy. Scholarship applications are reviewed twice a year, with deadlines of April 30 and October 31. Scholarships are paid in lump-sum directly to approved therapists upon receipt of documentation of completed sessions.

We want all students to have the opportunity to reach their maximum potential and to help provide the tools needed to make that happen. For your application to be considered complete and reviewed by the scholarship committee, the following documents are required.

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

- A letter of financial need from the guardian/parent *specifically describing the reason for the scholarship including the financial need for the scholarship.*
- Scholarship Application
- Copy of psychoeducational or dyslexia assessment (completed within the last 3 years)
- Letter of recommendation from a teacher or other educational professional who knows the student well
- Copy of report card from the previous school year and the student's most recent report card
- Completed Therapist Information Form
- W2 form, last two months pay stubs/statement of earnings for individual applicant or guardian(s) of applicant

Information may be submitted to:

scholarships@idadallas.org

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.dbida.org | scholarships@idadallas.org

Instructions:

1. Provide accurate and complete information. Print clearly.
2. Scholarships are awarded based on **financial need**. Information provided will be kept confidential.
3. Turn in the completed application with accompanying documentation to the DBIDA office.
4. If this form is incomplete, inaccurate, or not signed, it will not be considered.

Student information to be completed by the parent/guardian regarding the student:

Student name: _____ Birthdate: ____/____/____ Age: _____

Current Grade: _____ Current School: _____

Has this student previously applied for this scholarship? Yes No If yes, when?: _____

Has this student previously been awarded a DBIDA scholarship? Yes No If yes, when? _____

Is this student receiving any current financial aid/assistance for school and/or academic therapy services? Yes No
If yes, what? _____

Mother/Guardian's Name:

Occupation: _____

Address:

City: _____ State: _____ Zip: _____

Telephone Number: _____

Email: _____

Father/Guardian's Name:

Occupation: _____

Address:

City: _____ State: _____ Zip: _____

Telephone Number: _____

Email: _____

Parents/Guardians are required to commit to the student's therapy through active participation as recommended by the therapist, ensuring the student's regular attendance at sessions which should be a minimum of twice a week, and if able, financial participation.

Are you willing to commit to supporting the student's therapy if awarded? Yes No

<p>What specific language based learning difference(s) has the student been diagnosed with?</p>	
<p>What current support services is the student receiving? Please include all in school and out of school services/programs.</p>	
<p>What previous support services have the student received?</p>	
<p>What are the student's strengths? What are the student's hobbies and interests?</p>	
<p>Please include any other information about the student that you feel is important for us to know.</p>	
<p>Have you selected a specific center, therapist, or program for the remediation process if the student is awarded the scholarship? If yes, please include name, address, phone, and email.</p>	

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.

Parent or Guardian's Signature: _____ Date: _____



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Therapist Information Form

This information is to assure DBIDA 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: _____

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. Payment shall be made in a single lump sum. 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 scholarships@idadallas.org