



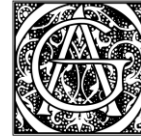
DYSLEXIA INSTITUTE OF MINNESOTA

"Toward Literacy for All"

847 5<sup>th</sup> Street NW  
 Rochester, MN 55901  
 Phone: 507-288-5271  
 Fax: 507-288-6424

# Scholarship Application for O-G Training Classes

ACCREDITED TRAINING PROGRAM



Academy of  
Orton-Gillingham  
Practitioners  
and Educators

*Incorporated Under New York State Education Law*

<b>Today's Date:</b>	Program (Please check one): Orton-Gillingham Summer Training Institute <input type="checkbox"/> Basic <input type="checkbox"/> Advanced O-G Fall/Winter Training Institute <input type="checkbox"/> Basic <input type="checkbox"/> Advanced
<b>Applicant Name:</b>	
Address:	
City/State/Zip:	
E-Mail:	Social Security #:
Phones H/W/Cell:	
Have you ever applied for a scholarship with the Reading Center before? <input type="checkbox"/> yes <input type="checkbox"/> no	
Employer:	
Total number of people in household:	

## Employment Information:

Applicant		
<input type="checkbox"/> Working full time	<input type="checkbox"/> Receiving Public Assistance  Please indicate agency: _____ _____  Amount: \$ _____  How often? _____	<input type="checkbox"/> <b>Please enclose <u>PROOF OF INCOME</u>.</b>  Your application cannot be processed without a copy of the first page of your most recent tax return (Form 1040) <b>for each income earner that supports the household.</b> If tax returns do not reflect your current financial status, please call 507-288-5271 to discuss alternatives.
<input type="checkbox"/> Working part time		
<input type="checkbox"/> Full-time homemaker		
<input type="checkbox"/> Unemployed		
<input type="checkbox"/> Full-time student		
<input type="checkbox"/> Receiving disability compensation		
<input type="checkbox"/> Participate in flexible spending (cafeteria) benefit plan at workplace. <input type="checkbox"/> How much is deducted from your paycheck per month? _____ <input type="checkbox"/> Gross amount of most recent paycheck \$ _____ <input type="checkbox"/> How often? _____		

How did you find out about this course? \_\_\_\_\_

Are you now or have you ever been a member of the International Dyslexia Association? \_\_\_\_\_

Have you ever taken another Orton-Gillingham course? (Where/When/Level?) \_\_\_\_\_

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How would this course benefit you and others? \_\_\_\_\_

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Why do you feel you should receive this scholarship? \_\_\_\_\_

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Other information you think may be helpful:

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I certify the above information is correct:

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_