

Scholarship Application for O-G Training Classes

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Phone: 507-288-5271
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ACCREDITED TRAINING PROGRAM



Academy of
Orton-Gillingham
Practitioners
and Educators

Incorporated Under New York State Education Law

| | |
|--|---|
| Today's Date: | 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 |
| Applicant Name: | |
| Address: | |
| City/State/Zip: | |
| E-Mail: | |
| 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"/> Please enclose <u>PROOF OF INCOME</u>. Your application cannot be processed without a copy of your most recent tax return (Form 1040) for each income earner that supports the household. 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?) _____

How would this course benefit you and others? _____

Why do you feel you should receive this scholarship? _____

Other information you think may be helpful:

I certify the above information is correct:

Signature of applicant: _____ Date: _____