



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](mailto: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](mailto:scholarships@idadallas.org)