

REDEFINING
dyslexia



since
'22

PERSONAL INFORMATION

This information is for administrative purposes only and will remain confidential. Please provide the following so that you can be contacted to receive your scholarship.

Printed Applicant Name: _____

Printed Parent Name of Applicant: _____

Current Mailing Address: _____

Phone #: _____ Allow Text Messaging: Yes No

Mother/Guardian Name: _____ Phone #: _____

Father/Guardian Name: _____ Phone #: _____

College/Trade/Technical school planning to attend: _____

Have you been accepted: Yes No

If no, please explain:

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Where/when were you diagnosed with dyslexia:

In what way will your essay be submitted: Paper Google Slides

Signature of Applicant: _____ Date: _____

Parental Signature of Applicant: _____ Date: _____