



## 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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# REDEFINING *dyslexia*



*since*  
**'22**

Where/when were you diagnosed with dyslexia:

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In what way will your essay be submitted: Paper ☐ Other ☐ \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Parental Signature: \_\_\_\_\_ Date: \_\_\_\_\_