**Application Process**

**Applicant:**

* Complete all sections of the Course 593 Scholarship application form. The form may be downloaded from [www.cincinnatidyslexia.org](http://www.cincinnatidyslexia.org)
* Email the following Course 593 documents to [ovbidascholarship@gmail.com](mailto:ovbidascholarship@gmail.com)
  + Completed Scholarship application form
  + Current resume
  + Letter of recommendation from Master Teacher.

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**

* Applications and accompanying documents must be received on or before the **October 1 deadline**.

**APPLICATIONS RECEIVED AFTER DEADLINE WILL NOT BE CONSIDERED**

Award notifications will be sent via email, on or before October 31.

**Important:** Applying for or being awarded an OVBIDA scholarship does not constitute a registration for the Mayerson Academy course. Applicants must register with Mayerson Academy in order to attend a course. Scholarship awards are paid directly to Mayerson Academy.

**Application for Scholarship**

**in Multisensory Reading Practicum II (593)**

**Mayerson Academy**

The cost of the course is $550.00 payable to Mayerson Academy. Scholarships will be awarded in the amount of $225.00. Scholarships must be approved by the Ohio Valley Branch of the International Dyslexia Association. Applicants must have completed Multisensory Reading Practicum I (591).

**It is still necessary to register for this course with Mayerson Academy.**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bachelor’s Degree: Major\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Graduation Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Teaching Assignment (Grade Level/School)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*Please include a current resume and a recommendation letter from a Master Teacher.**

**Your application will not be processed without this information.**

Reason for Interest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email completed application packet to: ovbidascholarship@gmail.com**

+++++++ I agree that if for any reason I fail to complete this course, I will **REPAY THE FULL AMOUNT** of the scholarship awarded to me by the Ohio Valley Branch of the International Dyslexia Association.

**Signed ­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**