

International Dyslexia Association Scholarship Request Form

Please print and fill out the information below. The deadline for requests is posted on the website in the event information.

Event Name: _____ **Date:** _____

Your Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Work Phone: _____ **Cell Phone:** _____

Home Phone: _____

Email Address: _____

Please check below:

- Teacher**
- Parent**
- Administrator**
- Speech Language Pathologist**
- Psychologist**
- Other:** _____

Years of experience in your field: _____

Ages of students you serve: _____

Average number of contact hours with students each week: _____

Why do you want to attend this event? (Please write a paragraph as to how you will share the information presented for student benefit.)

Please add me to the IDA email distribution list: **yes** **no**
(This list will only be used for IDA informational purposes.)

Please mail this form to:
The Georgia Branch IDA, 1951 Greystone Rd., Atlanta, GA 30318
Email: info@idaga.org