

Application Process

Applicant:

- Complete all sections of the Practicum I Scholarship application form. The form may be downloaded from www.cincinnati-dyslexia.org
- Email the following Practicum I documents to ovbidascholarship@gmail.com
 - Completed Scholarship application form
 - Current resume
 - Names and contact information of three professional references

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

- Applications and accompanying documents must be received on or before the following deadlines:

⊖ **January Class: Preceding December 20**

○ **June/July Class: Preceding May 1**

APPLICATIONS RECEIVED AFTER DEADLINE WILL NOT BE CONSIDERED

Award notifications will be sent via email.

Important: Applying for or being awarded an OVBIDA scholarship does not constitute a registration for the Hamilton County ESC course. Applicants must register with Hamilton County ESC to attend a course. Scholarship awards are paid directly to Hamilton County ESC.

Application for Scholarship

January or June Course in Multisensory Reading Practicum I Hamilton County ESC

The cost of the course and materials is \$1850.00, payable to Hamilton County ESC. Scholarships will be awarded in the amount of \$600.00. Scholarships must be approved by the Ohio Valley Branch of the International Dyslexia Association. Scholarship eligibility is limited to applicants who are currently and actively engaged in the following professions: Teachers, Intervention Specialists, Speech Language Therapists, Reading Specialists and Psychologists and reside in the Greater Cincinnati Area.

It is still necessary to register for this course with Hamilton County ESC.

Name _____

Address _____

City State Zip _____

Phone _____ Cell _____ Email _____

Bachelor's Degree: Major _____

University _____ Graduation Year _____

Current Teaching Assignment (Grade Level/School) _____

*****Please include a current resume and the names of three references with contact information. Your application will NOT be processed without this information.**

Reason for Interest:

I prefer to attend: __ January __ June __ July

Email application packet to: ovbidascholarship@gmail.com

DEADLINE FOR APPLYING FOR JANUARY CLASS IS DECEMBER 1

DEADLINE FOR APPLYING FOR JUNE OR JULY CLASS IS MAY 1

+++++++ 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 _____