**Application for Scholarships**

Dyslexia PLUS applies for monetary grants in order to assist some families meet the costs of assessment and / or lessons. Such scholarships are only available while funding exists.

All families granted an assessment scholarship are required to pay the assessment booking fee ($50.00).

All families granted a lesson scholarship are required to first be a financial member of

Dyslexia PLUS (annual subscription $95.00).

Completed applications should be at our office by the **20th of the month**.

Families will be informed by phone that the application form has been received.

Provided all the information is complete, applications will be considered at the next month’s committee meeting. Families should know the outcome of their application by the end of that month.

*\* This application, and the information you give,*

*will be treated confidentially*.

**Scholarship Application**

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First name Surname

Age: \_\_\_\_\_\_\_ School year: \_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Occupation

Relationship to the child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Occupation

 Relationship to the child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ages of other dependent children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (day)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (evening, if different)

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A scholarship is being sought for (Please indicate):

Assessment: < > (Maximum of ½ of costs)

 Lessons: < > (up to half of the cost, once a week. The scholarship is valid for 20 weekly lessons; a renewal application can to be submitted after 15 lessons)

**Please attach a personal statement to this application outlining your reasons / relevant circumstances that Dyslexia PLUS should consider**.

Activities (scouts, sports, music ...) the child, for whom the scholarship is sought, is currently involved in:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please select option **A or B**

 **A. I have a Community Services Card**

Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name on card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiry date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Please enclose a copy of your current Community Services card.

OR

**B. Please attach evidence of your household’s gross income (last year’s tax summary or payslips for the last 3 months).**

Are you receiving support from?

 WINZ Yes No (circle your answer)

 Child Disability Allowance Yes No (circle your answer)

I confirm that the information on this application is true and correct.

I understand that a successful application for a scholarship covers only a part payment of costs, and that I am responsible for the prompt payment of the balance of the costs.

I commit to being punctual for the assessment appointment.

I will maintain my financial membership of Dyslexia PLUS while my child is receiving a scholarship for lessons. My child will attend lessons regularly and complete work set between lessons.

If my child is awarded a scholarship I commit to helping with at least one Dyslexia PLUS fund-raising event / attend at least one parent/family evening hosted by Dyslexia PLUS in the next 12 months.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



***Dyslexia PLUS use only***

*Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Committee meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Approved / Declined*

*Amount allocated: Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *Tuition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*