

## Dyslexia Therapy Program

## SCHOLARSHIP APPLICATION

☐ New Applicant

Returning Student

2023 - 2024 School Year

| Student Full Name  Student Full Address  Student DOB   |  |     |                                   |                                   |                           |  |
|--|--|-----|-----------------------------------|-----------------------------------|---------------------------|--|
| Student Pull Address  Student DOB  | STUDENT INFORMATION  |     |                                   |                                   |                           |  |
| Student DOB  | Student Full Name  |     |                                   |                                   |                           |  |
| Parent Full Name Parent Full Address Parent E-Mail Address Phone  PREVIOUS SCHOOL INFORMATION The information provided should reflect where the student has been in attendance for the 2022-2023 School Year.  District School Enrollment Date Withdrawal Date  PROSPECTIVE SCHOOL INFORMATION Information provided should reflect where the student will be in attendance for the 2023-2024 School Year.  District Name Public School Name Public School Phone Enrollment Date  Magnolia Speech School, Jackson Jackson Jighthouse Academy, Ocean Springs The Canopy School, Ridgeland School Phone Enrollment Date  Required Documentation Must be Attached to this Application The student has received an evaluation and has a diagnosis of dyslexia determined by a licensed psychometrist, psychologist, or speech language pathologist as specified in Miss. Gode § 37-173-15. Documentation of Acceptance and Enrollment into new school is provided.  I do hereby certify that all information provided by me in this application and the attached documents are true and correct to the best of my knowledge. I further understand that in the event I have knowingly and willfully made any false statements, my student will be immediately removed from the Dyslexia Therapy Scholarship program and all funds will be forfeited.  Parent/Legal Guardian Signature Date Please send the completed application and attachments (Certified Mail Return Receipt Requested) to: Mississippl Department of Education  MDE Office Use Only  | Student Full Address   |     |                                   |                                   |                           |  |
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| Magnolia Speech School, Jackson  | 일  |     | <del></del>                       |                                   |                           |  |
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| Canopy School, Ridgeland   Canopy School, Ridgeland   Canopy School Phone   Canopy School, Ridgeland   Canopy School Phone   Canopy School, Ridgeland   Canopy School Phone   Canopy School Phone   Canopy School, Ridgeland   Canopy School Phone   Ca | - 0  | rui | one School Fhone                  |                                   |                           |  |
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|  |  |     |                                   | Certified Mail Return Receipt R   | Requested) to:            |  |
| Ottica at Damontowy Education and Dacding  |  |     |                                   |                                   | •                         |  |
| Attn: Dyslexia Scholarship  Date Notification Sent:  |  |     | •                                 | Lista Recoived:                   |                           |  |
| P.O. Box 771  Reason for Denial:  Jackson, MS 39205  |  | •   | -                                 |                                   |                           |  |