



MISSISSIPPI
DEPARTMENT OF
EDUCATION

Dyslexia Therapy
SCHOLARSHIP APPLICATION
2025 -2026 School Year

☐ New Applicant
☐ Returning Student

STUDENT INFORMATION

Student Full Name _____
Student Full Address _____
Student DOB _____ MSIS ID _____ Entering Grade (2025-2026) _____
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 2024-2025 School Year.

District _____ School _____
Enrollment Date _____ Withdrawal Date _____

PROSPECTIVE SCHOOL INFORMATION

Information provided should reflect where the student will be in attendance for the 2025-2026 School Year.

PUBLIC SCHOOL	District Name _____
	Public School Name _____
	Public School Phone _____ Enrollment Date _____

SPECIAL PURPOSE NON-PUBLIC SCHOOL	<input type="checkbox"/> Magnolia Speech School, Madison	<input type="checkbox"/> 3D School, Petal	<input type="checkbox"/> Innova Prep, Hattiesburg
	<input type="checkbox"/> Lighthouse Academy, Ocean Springs	<input type="checkbox"/> 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. Code § 37-173-15. ☐ Yes ☐ No

Documentation of Acceptance and Enrollment into new school is provided. ☐ Yes ☐ No

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:

Mississippi Department of Education
Office of Elementary Education and Reading
Attn: Dyslexia Therapy Scholarship
P.O. Box 771
Jackson, MS 39205

MDE Office Use Only
Date Received: _____ Approved ____ Denied ____
Date Notification Sent: _____
Reason for Denial: _____