

## Dyslexia Therapy Program

## S CHOLARS HIP APPLICATION Returning Student

☐ New Applicant

2022-2023 School Year

CTUDENT INFORMATION					
STUDENT INFORMATION					
Student Full Name					
Student Full Address					
Student DOB MSIS ID			Entering Grade (2022-2023)		
Parent Full Name					
Parent Full Address					
Parent E-Mail Address		Mail Address	Phone		
PREVIOUS SCHOOL INFORMATION  The information provided should reflect where the student has been in attendance for the 2021-2022 School Year.					
District			School		
Enrollment Date			Withdrawal Date		
Emonnent Date Withdrawa Date					
PROSPECTIVE SCHOOL INFORMATION					
Information provided should reflect where the student will be in attendance for the 2022-2023 School Year.					
PUBLIC SCHOOL	District Name				
	Pul	Public School Name			
	Public School Phone		Enrollment Date		
SE		☐ Magnolia Speech School, Jackson	3D School, Petal	☐ Innova Prep, Hattiesburg	
PURPOSE PUBLIC	J	Lighthouse Academy, Ocean Springs			
L PURP I-PUBLI	2	☐ Lighthouse Academy, Ocean Springs ☐ The Canopy School, Ridgeland			
	5	School Phone	Enrollment Date		
SPECIA NON SC		School I hone			
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 Wiss. Code § 37-173-15.				☐ Yes ☐ No	
Documentation of Acceptance and Enrollment into new school is provided.  Yes			☐ 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:					
		Department of Education	MDE Offic	e Use Only	
		lementary Education and Reading exia Scholarship	Date Received:		
P.O. Box 771			Date Notification Sent: Reason for Denial:		
Jackson, MS 39205					