****Dyslexia Therapy Program [ ]  New Applicant

SCHOLARSHIP APPLICATION [ ]  Returning Student
**2021-2022 School Year**

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| **STUDENT INFORMATION** |
| Student Full Name |       |
| Student Full Address |       |
| Student DOB |       | MSIS ID |       | Entering Grade (2021-2022) |       |
| Parent Full Name |       |
| Parent Full Address |       |
| Parent E-Mail Address |       | Phone |       |

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| **PREVIOUS SCHOOL INFORMATION***The information provided should reflect where the student has been in attendance for the 2020-2021 School Year.* |
| District |       | School  |       |
| Enrollment Date |       | Withdrawal Date |       |

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| **PROSPECTIVE SCHOOL INFORMATION***Information provided should reflect where the student will be in attendance for the 2021-2022 School Year.* |
| **PUBLIC SCHOOL** | District Name |       |
| Public School Name |       |
| Public School Phone |       | Enrollment Date |       |
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| **SPECIAL PURPOSE NON-PUBLIC SCHOOL** | [ ]  New Summit, North (Greenwood) | [ ]  3D School, Petal |
| [ ]  New Summit (Jackson) | [ ]  Magnolia Speech School (Jackson) |
| [ ]  New Summit, South (Hattiesburg) | [ ]  Oxford University School (Oxford) |
| School Phone |       | Enrollment Date |       |
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| **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 |  |

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| **MDE Office Use Only** |
| Date Received | Approved ⬜ Denied ⬜ | Date Notification Sent |
| Reason for Denial: |

**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 Scholarship
P.O. Box 771, Jackson, MS 39205