



THE JUNE STERN FAMILY FOUNDATION  
*for children with dyslexia*

SCHOLARSHIP APPLICATION

Fall, 2011 Orton-Gillingham Training

by Orton-Gillingham of Minnesota

at Faithful Shepherd Catholic School, Eagan, Minnesota

*Levels 1 and 2:*

Two Saturdays: September 24 and October 1—9:00 a.m. - 3:30 p.m.

Tuesdays: September 27 through November 22—5:30 p.m. - 9:00 p.m.

Please check the following requirements before completing this form.

Scholarships will be awarded ONLY to teachers who meet all requirements.

- I am a K-3 general or K-3 special education teacher in the Twin Cities area.
- I have looked at the dates of the course and I can attend all classes.
- I could not take this training without financial assistance.
- I can make a \$200 contribution toward materials.
- I will fill out a class evaluation upon completion of the course.
- I will give a brief presentation to colleagues at my school about my course experiences and notify the Foundation when it has been made.

(This is a very important component of this scholarship opportunity, as we view your participation as a way to raise awareness among K-3 educators of the value of multisensory language instruction.)

- If I do not give the above presentation, I agree to reimburse the Foundation in the amount of my scholarship.

APPLYING FOR:  LEVEL ONE  TWO

NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

SCHOOL EMPLOYED \_\_\_\_\_ PRINCIPAL \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ SCHOOL PHONE \_\_\_\_\_

COUNTY \_\_\_\_\_ SUBJECT/ GRADE LEVEL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_

How did you find out about this course? \_\_\_\_\_

Are you currently a member of the International Dyslexia Association? \_\_\_\_\_

Your last name: \_\_\_\_\_

Have you previously taken an O-G course (Where/When/Level)? \_\_\_\_\_

What is your educational background? \_\_\_\_\_

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On a separate sheet of paper, please give us a well-thought-out statement addressing how this course would benefit you and others and why you feel you should receive this scholarship. Any additional comments are welcome. Please include your name, grade level and school.

Thanks for your interest!

Send this scholarship application, **along with your class registration form**

(download from: [www.ortongillingham-mn.org](http://www.ortongillingham-mn.org))

**and \$200 deposit**

Postmarked by **September 7** to:

JSFF Scholarship

OG Classes, 3050 Texas Avenue South

St. Louis Park, MN 55426

**\*\* All applicants will be notified by *September 16* \*\***

**\*\* If you do not receive a scholarship, your \$200 deposit will be refunded \*\***