**Purpose:** The purpose of the VBIDA Scholarship Fund is to provide funds to a student in need of assistance with funding services that meet the remediation needs of the student.

**Qualifications:** Applicants qualifying for this award shall be students grades 3 – 12 who demonstrate a need for remediation or other educational services or attending a school that will enhance the student’s ability to overcome the challenges presented by being a person diagnosed with dyslexia.

**Max Oley Scholarship Fund:**  This scholarship is awarded to a student with dyslexia to help offset the expenses for multisensory tutoring as defined by IDA. The proceeds of $1,000 will be distributed directly to the tutor of the student selected.

**VBIDA General Scholarship:**This scholarship is awarded to a student with dyslexia to help offset the cost of attending a school that serves students with dyslexia. The proceeds of $1,000 will be distributed directly to the school.

**Selection Procedure:** Students who meet the criteria will gain full consideration. Applicants meeting the criteria for the Annual Scholarship Fund or Max Oley Scholarship will be identified by the Scholarship Committee. The Committee will recommend applicants to the VBIDA Executive Committee for final consideration based upon adherence to the award criteria. The Chairman of the Scholarship Committee will notify the recipient.

**Application:**

|  |  |
| --- | --- |
| Name: |  |
| Address, City, State, Zip: |  |
| Parents’ Names: |  |
| Parents’ Address (if different than above): |  |
| Phone Number: |  |
| Email: |  |
| School: |  |
| School Contact Person: |  |
| School Telephone: |  | School Email: |  |
| Which scholarship are you applying for? (see descriptions above) |  |
| Evidence of a formal diagnosis of dyslexia: |  |
| Evaluator: |  | Year Evaluated: |  |
| Evaluator’s Address: |  |
| Evaluator’s Phone: |  | Evaluator’s Email: |  |
| Does this applicant receive special education services/accommodations? Please elaborate. |  |

**In order to qualify for the award, applicants must:**

1. Complete the Scholarship Fund application and indicate which scholarship you are applying for.
2. Submit a letter of recommendation for the student from a school counselor/advisor, teacher, community leader (pastor, minister, civic or political leader), coach or tutor

or

Submit either a typed narrative or a video/audio version about the applicant’s talents, experiences, and /or challenges with dyslexia. (Please limit video/audio versions to less than 3 minutes.)

*Applicants are required to identify any relation to current VBIDA Board Members. Students related may only receive a scholarship exclusively based on merit and achievement.*

|  |  |
| --- | --- |
| Are you related to an IDA Board Member? | \_\_\_\_\_Yes \_\_\_\_ No |
| If yes, please identify the Board Member and relationship: |  |

**Return completed application to:**

**Attn: VBIDA Scholarship Committee**

**4811 Croft Court**

**Glen Allen, VA 23060**

**Or email to angeltreeid@gmail.com**

**(Subject Line: VBIDA Scholarship Application)**

DEADLINE: The deadline for submission is June 15, 2019.