

Application for Scholarships

Dyslexia PLUS applies for monetary grants in order to assist some families meet the costs of assessment and / or lessons. Such scholarships are only available while funding exists.

All families granted an assessment scholarship are required to pay the assessment booking fee (\$50.00).

All families granted a lesson scholarship are required to first be a financial member of Dyslexia PLUS (annual subscription \$95.00).

Completed applications should be at our office by the **20th of the month**. Families will be informed by phone that the application form has been received.

Provided all the information is complete, applications will be considered at the next month's committee meeting. Families should know the outcome of their application by the end of that month.

** This application, and the information you give,
will be treated confidentially.*

☐ 430 0693

Please select option **A** or **B**

A. I have a Community Services Card

Number: _____ Name on card: _____

Expiry date: _____

Please enclose a copy of your current Community Services card.

OR

B. Please attach evidence of your household's gross income (last year's tax summary or payslips for the last 3 months).

Are you receiving support from?

WINZ

Yes No (circle your answer)

Child Disability Allowance

Yes No (circle your answer)

I confirm that the information on this application is true and correct.

I understand that a successful application for a scholarship covers only a part payment of costs, and that I am responsible for the prompt payment of the balance of the costs.

I commit to being punctual for the assessment appointment.

I will maintain my financial membership of Dyslexia PLUS while my child is receiving a scholarship for lessons. My child will attend lessons regularly and complete work set between lessons.

If my child is awarded a scholarship I commit to helping with at least one Dyslexia PLUS fund-raising event / attend at least one parent/family evening hosted by Dyslexia PLUS in the next 12 months.

Signed: _____ Date: _____

Dyslexia PLUS use only

Date received: _____ *Date of Committee meeting:* _____

Approved / Declined

Amount allocated: *Assessment:* _____

Tuition: _____

Teacher: _____