

VBIDA

The Virginia Branch of
The International Dyslexia
Association



VBIDA – DR. GENE WATSON

CONFERENCE SCHOLARSHIP APPLICATION

Name: _____

Address: _____

City, State, Zip _____

Home Phone: _____ **Work Phone:** _____

Email Address: _____

Educator: _____ **Parent** _____ **Other:** _____

Position: _____ **Interest :** _____

International Dyslexia Association Member: Yes ____ No ____

Have you attended a previous conference offered by VBIDA? Yes ____ No ____

Have you previously received a scholarship from VBIDA? Yes ____ No ____

Why do you want to attend the conference?

How would you use the information to benefit dyslexic individuals?

Why should you be awarded a scholarship?

Applications must be received four weeks prior to the conference. Scholarships will be awarded through a blind review process. Please send completed forms to:

VBIDA

Debra Farrar

P.O. Box 17605

Richmond, Virginia 23226