



The Virginia Branch of
The International Dyslexia
Association



WILSON TRAINING - SCHOLARSHIP APPLICATION

Location of Training: _____ Date(s): _____

Name: _____

Address: _____

City, State, Zip _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Educator: _____ Parent _____ Other: _____

Position: _____ Interest : _____

International Dyslexia Association Member: Yes ____ No ____

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

Why do you want to attend the Wilson Training?

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 17065

Richmond, Virginia 23226