



## Fall 2020 Program

## Children's Dyslexia Centers of New Jersey Orton Gillingham Teacher Training Scholarship Application

Name:		Date:	
Address:			
City/Town:		State:	Zip:
Telephone:	Day: ( )	Evening: ( )	
E-mail:			
Academic Histor	у		
Degree:	Institution:	Date:	Maj
Degree:	Institution:	Date:	Maj
Other Credits:			
institution, address		sory training you have had. In ework hours, practicum hour etion.	
Describe your teamspelling:	ching experience using a r	nultisensory approach to tead	ching reading, writing and

Why are you see	eking this training?
If you are awarde information?	ed a scholarship, may we inform your school district and provide them with further
	Yes: No:
School District:	
Principal:	
Address:	
	rs of recommendation from persons knowledgeable about your professional work, Certification, undergraduate or graduate transcripts and resume. Send all
М	s. Grace Hottinger
C	enter for Dyslexia Studies
Fa	airleigh Dickinson University
10	000 River Road, T-RH5-02
	eaneck, New Jersey 07666
Telephone inquir	ries may be made to Grace Hottinger at (201) 692-2816 or e-mail: graceh@fdu.edu
Please select p	referred practicum site (can select more than one –indicate #1 choice/#2):
Bergen County:	
	Tenafly
	Hasbrouck Heights
Union County:	Scotch Plains
Burlington Coun	ty:Burlington