

Center for Dyslexia Studies

Orton Gillingham Teacher Training Scholarship Application

In partnership with the Children's Dyslexia Centers and funded by the Scottish Rite Masons of New Jersey

Please Print						
DateMonth/Day/Year						
Name	First	N	Middle			
Address	City	State	Zip			
Telephone: Day	Telepho	Telephone: Evening				
Email						
Academic History						
Degree	Institution	Date	Major			
	Institution	Date	Major			
Other Credits						
Please submit a description of any total hours, coursework hours, pra						
2. Describe your teaching experience	e using a multisensory approach	to teaching reading, writing	and spelling.			

3. Why are you seeking this training?						
If you are awarded a	scholarship, may v	ve inform your school district ar	nd provide them with furthe	er information?		
☐ Yes ☐ No						
School District						
Principal						
Address						
AddressStr	reet	City	State	Zip		
UndergraduateA current résum		scripts				
E-mail all materials	to: graceh@fdu.	edu or mail all information to	o:			
Ms. Grace Hottinge Center for Dyslexia Fairleigh Dickinson 1000 River Road, T- Teaneck, New Jerse	a Studies University -RH5-02					
Please select preferre	ed practicum site (i	f selecting more than one, plea	se rank in order of interest	(e.g., #1, #2)		
Bergen County:		Tenafly				
Bergen County:		Hasbrouck Heights				
Union County:		Scotch Plains				
Burlington County:		Burlington				
Atlantic County:		Northfield				

