

**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**

**Conference Scholarship**

**P.O. Box 17605**

**Richmond, Virginia 23226**