



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

| Name:                         |                            | Date:   |                           |
|-------------------------------|----------------------------|---|---------------------------|
| Address:                      |                            |   |                           |
| City/Town:                    |                            | State:  | Zip:                      |
| Telephone:                    | Day: ( )                   | Evening: ( ) _  |                           |
| E-mail:                       |                            |   |                           |
| Academic Histo                |                            |   |                           |
| Degree:                       | Institution:               | Date:   | Maj                       |
| Degree:                       | Institution:               | Date:   | Maj                       |
| Other Credits:                |                            |   |                           |
| institution, addre            |                            | nsory training you have had. Inc<br>sework hours, practicum hours<br>eletion. |                           |
|                               |                            |   |                           |
| Describe your te<br>spelling: | eaching experience using a | multisensory approach to teach  | ning reading, writing and |
|                               |                            |   |                           |
|                               |                            |   |                           |
|                               |                            |   |                           |

| Why are you se   | eking this training?   |
|--|--|
|  |  |
|  |  |
| If you are award information?  | led a scholarship, may we inform your school district and provide them with further  |
|  | Yes: No:   |
| School District:   |  |
| Principal:   |  |
| Address:   |  |
|  |  |
| Dhana #  |  |
| Phone #:   |  |
| copy of Teacher information to:  | ers of recommendation from persons knowledgeable about your professional work<br>r Certification, undergraduate or graduate transcripts and resume. Send all<br>//s. Grace Hottinger |
|  | Center for Dyslexia Studies  |
|  | Fairleigh Dickinson University   |
| 1  | 000 River Road, T-RH5-02   |
| Т  | eaneck, New Jersey 07666   |
| Telephone inquestions of the second s | uiries may be made to Ms. Hottinger at (201) 692-2816 or E-mail:<br>du   |
| Please select  | preferred practicum site:  |
| Burlington   |  |
| Hasbrouck Hei  | ghts   |
| Northfield   |  |
| Scotch Plains  |  |
| Scoton I lams  |  |