



We support learning on the Western Slope

Dyslexia Foundation of Western Colorado  
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## Scholarship Application 2025

**\*\*\*NOTE:** The donations funding this scholarship are for the purpose of supporting those that are dyslexic, have dyslexic tendencies, and/or comorbidities that pair with dyslexia. This scholarship is not designed to fund other disorders or disabilities at this time.

**\*\*Funding is limited to support for families who live within our areas of support. Individuals living outside of our area of service (Western Colorado) are not eligible to apply.\*\***

**Please complete the following in printed, black ink or typed font. The number of scholarships awarded each year by Dyslexia Foundation of Western Colorado is directly tied to funding. A Board of Directors representative will contact you to acknowledge receipt of the scholarship application. Please do not contact BOD for status updates regarding scholarship applications. It is the policy of Dyslexia Foundation of Western Colorado to issue funds for dyslexia assessments, post-secondary education expenses, or tutoring services directly to the provider following the issuance of an invoice. For scholarships pertaining to assistive technologies, Dyslexia Foundation of Western Colorado will purchase the device and issue it directly to the award recipient. The board may request additional information which must be provided within the requested time frame, or the application will not be reviewed. If you are applying for the post-secondary educational funding scholarship, please answer the questions as they relate to your childhood. Adults, tell us your childhood dyslexia story and goals for the funding.**

Date: \_\_\_\_\_ Date Received: \_\_\_\_\_ (BOD Completes) \_\_\_\_\_

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Child's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Sex: M/F Child's Birthdate: \_\_\_\_\_ Current Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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Child Lives With: Mother/Father/Both/Foster

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Address (if different): \_\_\_\_\_

Mother's Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Address (if different): \_\_\_\_\_

Father's Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Name of Child's School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Child's Teacher: \_\_\_\_\_ May we contact the teacher? Yes/No

**Has your child ever repeated a grade?** Yes/No If so, which grade? \_\_\_\_\_

**Do you have an educational screening/evaluation for dyslexia or a medical diagnosis? YES/NO**

**Written Question #1:** What are your specific concerns about your child's learning? For example: Reading Comprehension, Reading Fluency, Vocabulary, Phonemic Awareness, Sounding Out Words, Spelling, Writing, Math, Handwriting, Concentration, Attention to Detail, and Ability to Follow Directions.

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**Written Question #2:** Have any of these concerns been addressed, to date, by any other person or organization? Example: Doctor, School District, Tutor, Academic Testing. Please be as specific as possible with regard to previous support given to your child.

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**Is your child currently on a/an: (please circle)**

IEP            ILP            504 Plan            Academic Intervention

**Written Question #3:** Has your child ever had a serious injury, surgery or concussion? Yes/No

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**Does your child have any of the following comorbidities of dyslexia: (please circle all that apply)**

ADHD            CAPD/ APD

Visual Processing            Dysgraphia

Expressive and Receptive Speech Delays

Working Memory Problems

Anxiety            Depression

**Is there a family history of these?    YES/NO**

**Which most accurately represents your household's total annual income.**

Under \$30,000                    \$50,000-\$75,000                    \$100,000-\$150,000

\$30,000-\$50,000                    \$75,000-\$100,000                    Over \$150,000

\*\*Family income is not used as a qualification determinant of scholarship award.

**Was your child's birth and development normal: Yes/No**

If no, please explain. Example: premature, didn't meet age-appropriate milestones, etc.

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Has your child ever failed to pass a vision or hearing test? Yes/No Explain: \_\_\_\_\_

**Written Question #4:** Does your child have any other challenges either academically, socially, behaviorally or physically?

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**Written Question #5:** What are your child's strengths, preferences or interests? (example: extra-curricular activities)

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**Written Question #6:** Is there anything else you'd like us to know about your child?

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**Written Question #7:** Please describe how you plan to use the funds from this scholarship to meet the needs about your child. Please outline any tutoring (name of tutor, program, and contact information) that your child has undertaken or plans to undertake and how you will continue the program after scholarship funds are used. If you are applying for a tech scholarship, please indicate how the technology will benefit educational/career goals. If you are applying for support of a post-secondary goal, please outline your current standing in your program and how the funding will be used to help you achieve your goal. **THE MORE DETAIL, THE BETTER!**

**Written Question #8:** Please outline any extenuating circumstances or financial challenges that our Board of Directors should be aware of in making a decision regarding funding.

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**Written Question #9:** If you are granted this scholarship, what other financial contributions will you utilize to support your child's needs?

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**Written Question #10:** How did you find out about the opportunities of our organization?

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**Please include a short biography and photo of your child.** This information will be posted on Dyslexia Foundation of Western Colorado's website [www.dyslexiaco.org](http://www.dyslexiaco.org) if your child is awarded a scholarship. All applications and information are kept confidential and in a secure location after the application window is closed. **If this is not included in your initial submission, the application will not be considered.**

By submitting this documentation to Aha! Inc. DBA Dyslexia Foundation of Western Colorado, the legal guardian of the applicant is hereby accepting the responsibility that all funds will be used for the above-described purpose. Selling an assistive technology device after it has been awarded to a child or individual will result in an invoice issued to you by Dyslexia Foundation of Western Colorado for the list price of the item. A Board of Directors member may contact applicants with requests for additional information or requests for an interview to determine eligibility.