

**Central Ohio Branch  
of**



*Breaking Down through research, education, and advocacy.*

**COBIDA Scholarship Application: Tutor Section**

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age (years/months): \_\_\_\_\_ Male/Female: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Authorization to release information regarding my student to the COBIDA Scholarship Committee:

(Parent's Signature): \_\_\_\_\_

Name of Private Tutor: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mobile Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Tutor Training and Experience (in addition to the information below, please include a copy of your resume):**

How many dyslexic students have you tutored in a one-on-one capacity? \_\_\_\_\_ Students age range? \_\_\_\_\_

How many times a week do you work with each student? \_\_\_\_\_ How long are the lessons? \_\_\_\_\_ minutes

Describe your multisensory language based training and supervised practicum. Please include the number of completed training hours, one-to-one tutoring hours, observations, principle trainer and supervisor(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Experience with Applicant (if applicable):**

How long have you tutored the applicant student: \_\_\_\_\_ years \_\_\_\_\_ months

Please describe the student's progress: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Send completed application to: COBIDA Scholarship Committee ~ 635 Parkmeadow, Suite #213, Westerville, OH 43081 ~ Application must be postmarked by April 1 or November 1. (Tutor section may be mailed separately.)

**Central Ohio Branch  
of**



*Transforming literacy through research, education, and advocacy.*

**COBIDA Scholarship Application: Parent Section**

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age (years/months): \_\_\_\_\_ Male/Female \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mobile Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date of Most Recent Evaluation: \_\_\_\_\_ **(Please include a copy)**

Name of Evaluator: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name of School or Clinic: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of First Evaluation (if applicable): \_\_\_\_\_ **(Please include a copy)**

Name of Evaluator: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name of School or Clinic: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Private Tutor: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Authorization for the COBIDA Scholarship Committee to contact evaluator(s) and/or tutor with questions concerning my son/daughter (the applicant student):

(Parent's Signature): \_\_\_\_\_

Is there a history of learning problems in the family? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain. \_\_\_\_\_ Describe your student's learning problems(s):

\_\_\_\_\_

Has your student received any type of remedial instruction in school or privately? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_

Has your student repeated a grade? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, which grade(s)? \_\_\_\_\_

Is your student taking any medication? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_

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