

James Phillips Williams Memorial Foundation

JPW Learning Center

403 W. Washington Drive

San Angelo, TX 76903

325-655-2331; fax 325-655-6585

Website: jpwlearningcenter.org email: info@jpwlearningcenter.org

Year 1 _____ Year 2 _____ Other _____

Personal Information:

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Marital Status: _____ Husband/Wife Name: _____

Work Information:

School District: _____

Campus Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Phone Numbers: Please indicate which is your preferred way to communicate with you.

Home: _____

Cell: _____

School: _____

Emergency Contact:

Name: _____ Number: _____

Physical Limitations we should know about as far as your attending this training. Example are stairs an issue for you, do you need to take frequent breaks? _____

Other Items to Complete this application:

- Personal Resume
- REFERENCES: Please list at least 2 professional references, one character reference and one letter of recommendation. **A minimum of 3 reference are required.**
- Teachers Employed by a District Only: Submit a letter support from the Principal at the school where you are presently working or will be working on how you will apply the use of Take Flight: A Comprehensive Intervention for Students with Dyslexic to your Classroom Curriculum.
- Statement of Purpose: Please include a brief explanation for your being interested in attending the **Take Flight: A Comprehensive Intervention for Dyslexic Students.**
- I understand the requirements and qualifications of this course and agree to complete the work to the best of my abilities to help the dyslexic populations in my area.
- Copy of your college transcripts
- Photography of yourself (if available)
- Security Deposit
- If you are not employed by a school district, please provide a criminal background check. This can be obtained by searching one of these websites:
 - Criminalwatchdogs.com
 - Texas Department of Public Safety

I understand the requirements and qualifications of this course and agree to complete the work to the best of my ability to help the dyslexic population in my area.

SIGNATURE OF APPLICANT & DATE

SIGNATURE OF PRINCIPAL & DATE