

JAMES PHILLIPS WILLIAMS MEMORIAL FOUNDATION

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jpwlearningcenter.org email: info@jpwlearningcenter.org

Teacher Training Application Form

GENERAL INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

School Name: _____

School Address: _____

City: _____ State: _____ Zip: _____

School Email: _____

Telephone Numbers please check the preferred way of communication:

Home: _____

Cell: _____

EDUCATIONAL BACKGROUND:

Undergraduate Degree Major/Minor: _____

College/University: _____

Graduate Degree(s): _____

College/University: _____

Licenses or Certificates Awarded: _____

Awards or Honors Received: _____

Specialized Teacher Training Completed (Description and dates of internship/student teaching experiences, fellowships)

Current Professional Affiliations (Service with school districts, clinics, other institutional affiliations)

Skills and/or Other Interests that might apply to dyslexia.

REFERENCES:

Please list at least 2 professional references, one character reference and a letter of recommendation from your principal if you are working in a district.

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.

Send this completed Registration form

- Statement of Purpose
- Copy of your college transcript
- Letters of Reference
- The balance of the tuition to: