

# 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](http://jpwlearningcenter.org) email: [info@jpwlearningcenter.org](mailto: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:

Physical Limitations we should know about as far as your attending this training. Examples: Are stairs an issue for you? Do you need to take frequent breaks?

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Other Items to Complete this application:

- Personal Resume
- REFERENCES: You must have 3 different written references:
  - **2 Professional references written**
  - **1 Character reference written**
  - **1 Letter of Recommendation written**
- Teachers Employed by a District Only: Submit a letter support from the principal or school supervisor 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 Dyslexia to your Classroom Curriculum. **(This can count for one of your professional references)**
- Statement of Purpose: Please include a brief explanation for your being interested in attending the **Take Flight: A Comprehensive Intervention for Dyslexic Students.**
- A copy of your college transcripts
- Non-Refundable Deposit of \$250.00 paid to James Phillips Williams Memorial Foundation.
- 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

Please initial after and date each statement:

- 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.  
Initial\_\_\_\_ Date\_\_\_\_\_
- I understand I will be required to teach 700 hours and complete all require course work to receive my course competition certificate.  
Initial\_\_\_\_ Date\_\_\_\_\_
- I understand I will be required to do 10 demonstration lessons over the next two years of training as outlined in the training program.  
Initial\_\_\_\_ Date\_\_\_\_\_
- I understand the financial obligations of this course such as the Non-Refundable Deposit, tuition costs and materials fees for the training in the training in which I am applying.  
Initial \_\_\_\_ Date\_\_\_\_\_
- **I understand if, the trainee named in this application does not attend the training class for any reason, the Non-Refundable deposit is forfeited.**  
Initial \_\_\_\_ Date: \_\_\_\_\_

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SIGNATURE OF APPLICANT & DATE

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SIGNATURE OF PRINCIPAL & DATE