## Reading Specialist Scholarship Application

For Office Use: A	For Office Use: Approved Approval Date:					
Application date: _						
Please complete the following information and attach copies of all required documentation.  Name:						
City:	St	tate: Zip:		_		
Home Phone ( ) _		Business or Cell Phone ( )_		-		
Email:				_		
Academic History (	begin with highest degr	ree)				
Degree	Institution	Grad. Date:	Major	GPA		
Degree	Institution	Grad. Date:	Major	GPA		
Certifications (if ap	plicable):					
Additional Specializ	zed Training:					
Please submit the j	following documents พ	vith your scholarship application:				
Current resume						
Updated clearar	nces					
Two professiona	al references (reference	e form attached)				
Five hundred wo	,	ow you will use the reading speciali	st training beyo	ond your		

## Reading Specialist Reference Form

Date:	Applicant:	
Name of Reference:	Company:	
Title:	Phone:	
What was your relationship with	the applicant?	
Did you directly supervise her/hi	im?	
Did you directly supervise her,	IIIr	
If so, in what capacity?		
What was the applicant's title?		
Dates of employment?		

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What were the applicant's major job duties?
How well did the applicant relate to others on the job?
How would you evaluate the applicant's work quality and quantity (productivity)?
What were some of the applicant's strengths?
What were some of the applicant's strengths:
In what areas did the applicant need improvement?
m what areas did the applicant need improvement:

How would you evaluate the applicant's work habits such as attendance, punctuality, dependability,				
and observance of work rules?				

Please provide additional information that might be helpful.