



**Wilson Level I 2022-2023**

**University of Utah Reading Clinic, George S. and Dolores Dore Eccles Foundation and the Crawford Family Foundation Scholarship Application**

**Applicant Information for University Graduate Students**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Home Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
 \_\_\_\_\_  
*City State ZIP Code*

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Current Position: \_\_\_\_\_

School: \_\_\_\_\_ District: \_\_\_\_\_

School Address: \_\_\_\_\_  
 \_\_\_\_\_  
*City State ZIP Code*

School Phone: \_\_\_\_\_ School Email: \_\_\_\_\_

Name of Applicant with whom your application is yoked/paired with...  
 \_\_\_\_\_  
*Last First*

- Option 1: Observations at the UURC in Murray, UT
- Option 2: Web-based observations

- Option 3: Open to either Option 1 or Option 2
- Site-based (If 6 or more educators from a school or district, observations will be in your district – trainer travel expenses may be applied)

Have you attended a WRS Introductory Workshop within the last 5 years? YES  NO  Where Attended: \_\_\_\_\_  
 Date: \_\_\_\_\_

\*\*If you checked the "NO" box above you must register for the 3-day workshop online at [www.uurc.org](http://www.uurc.org).

**Education**

Please list University Degrees & Certification: \_\_\_\_\_

Relevant Educational Experience: \_\_\_\_\_

**References**

Please list two professional references.

Full Name: \_\_\_\_\_

Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_

Position: \_\_\_\_\_ Phone: \_\_\_\_\_

**In a brief attached, typed essay, please describe why you want to become more skilled at helping students with severe reading difficulties/dyslexia. In particular, please describe how you will apply what you learn in a school setting.**