

Student Dyslexia Council

**Applicant Information**

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

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

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

**Education**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

**References**

*Please list two professional references.*

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

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

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Address: \_\_\_\_\_

**Interests and Hobbies**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Dyslexia Information**

*Have you been diagnosed with dyslexia?*

*Are you comfortable talking about dyslexia to peers, teachers, administrators and public?*

*Are you willing to be identified as having dyslexia and sharing your story with others?*

*Are you comfortable with self-advocating?*

*Are you willing to sign a photo release form that allows the group to share on social media and International Dyslexia websites and partners websites?*

*Are you willing to commit to monthly meetings and attend at least 75% of the time?*

*I certify that my answers are true and complete to the best of my knowledge.*

Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

Parent/Guardian  
Signature:

\_\_\_\_\_

Date:

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Please email to [studentcouncil@orbida.org](mailto:studentcouncil@orbida.org)