

**THE DYSLEXIA TEACHING CENTRE**  
**23 Kensington Square**  
**London W8 5HN**

**BURSARY APPLICATION FORM**  
**for ADULTS**

Tel: 0207 361 4790

Fax: 0207 938 4816

Email: info@dyslexiateachingcentre

The Dyslexia Teaching Centre (Kensington) Bursary Fund  
Registered Charity No. 290244

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SURNAME: \_\_\_\_\_ FIRST NAMES: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE : \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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TELEPHONE NO: \_\_\_\_\_

NAME & ADDRESS of COLLEGE: \_\_\_\_\_

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COURSE FOLLOWED: \_\_\_\_\_ YEAR: \_\_\_\_\_

COLLEGE CONTACT: \_\_\_\_\_

The Trustees require an Educational Psychologist's assessment to be submitted before considering the application. They may also request an interview and ask for further details.

Has an assessment by an Educational Psychologist been done? YES/NO

If NO, please make arrangements for this through the Dyslexia Teaching Centre.

If YES, name of Psychologist \_\_\_\_\_ Assessment Date \_\_\_\_\_

Have you received specialised help in the past? YES/NO

If YES, please give details \_\_\_\_\_

Please attach a copy of Psychologist's assessment if available.

Please attach a letter and copies of reports from the College, if available.

**Education**

Schools & Colleges attended. Give age of entry.

**Exams Taken** [Please include any not passed first time]

Date	Level	Subject	Grade

Courses/subjects you are taking now?

Occupation \_\_\_\_\_

Gross income (a) From employment (per week/per month/per year) £\_\_\_\_\_

(b) From other sources, such as pension, Building Society interest (give net sum), Savings Bank, investment income, Maintenance or separation allowance, Social security benefits etc.

\_\_\_\_\_ £\_\_\_\_\_

\_\_\_\_\_ £\_\_\_\_\_

\_\_\_\_\_ £\_\_\_\_\_

Total Income (per week/per month/per year) £\_\_\_\_\_

Total Capital value of savings or investments £\_\_\_\_\_

Rent of mortgage payments (per week/month/Year) £\_\_\_\_\_

Is any other financial help being received  
YES/NO

If YES, give details \_\_\_\_\_

Please detail any other financial commitments which might affect  
the Trustees decision (continue on separate sheet if necessary)

Please attach payslips if in employment

I certify that the above details are correct, and I understand that  
these documents may be read by the Trustees, who will treat  
them as strictly confidential.

Signature \_\_\_\_\_

Date \_\_\_\_\_