



**Camp LIT – Literacy in Turner  
Mississippi University for Women  
Speech and Hearing Center  
June 16-19, 2025  
8:30 a.m. -12 p.m.**

**Camper Application Form**

Name \_\_\_\_\_ Age (6 -12) \_\_\_\_\_ Sex: M F

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Phone (home) \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Medical Diagnosis \_\_\_\_\_ Medication \_\_\_\_\_

Describe any allergies \_\_\_\_\_

Describe any special diet \_\_\_\_\_

**School/Academic Information**

School \_\_\_\_\_ Grade (2024-2025 school year) \_\_\_\_\_

Reading Level \_\_\_\_\_

Dyslexia Diagnosis Y N IEP: Y N Elig. Ruling \_\_\_\_\_

Receiving dyslexia therapy \_\_\_\_\_ How long in therapy? \_\_\_\_\_

If yes, what curriculum?: (Barton, Orton-Gillingham, Multi-Sensory Teaching Approach, Preventing Academic Failure) \_\_\_\_\_

Receiving speech therapy \_\_\_\_\_

**Shirt size (YS, YM, YL, AS, AM, AL, AXL)**

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**Interests/Hobbies** \_\_\_\_\_

Please return this application by May 16, 2025 to

Jennifer Pounders, M.S., CCC-SLP

Department of Speech-Language Pathology

1100 College Street MUW-1340

Columbus, MS 39701-5800 Please include the \$30 nonrefundable fee for camp.

If you have questions or need additional information please

contact: Kim Coverdale

(662) 329-7270

kfcoverdale@muw.edu