

SCOTTISH RITE CHARITABLE FOUNDATION
LEARNING CENTRE CALGARY

Name: _____ Date: _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: Home: (____) _____ Work: (____) _____ Cell: (____) _____

E-Mail: _____

Academic History: (Please begin with highest degree)

Degree: _____ Institution: _____ Date: _____ Major: _____

Degree: _____ Institution: _____ Date: _____ Major: _____

Other Credits and Certifications:

Please submit a description of any multi-sensory training you have had, including the name of the principal trainer, institution, address, dates, total hours, course-work hours, practicum hours and ages tutored. Please submit photocopies of Relevant Certificates and information.

Multisensory tutoring experience, if any:

Attach your resume, including professional societies to which you belong, or belonged; a letter of recommendation from a person knowledgeable about your professional work; information on any relevant Conferences/Workshops/Courses you have attended; any presentations you have given.

This application is to be submitted to the Centre Director, and will be treated as confidential.