

TUTOR TRAINEE APPLICATION
SCOTTISH RITE CHARITABLE FOUNDATION
LEARNING CENTRE FOR HAMILTON

Name: _____ Date: _____

Address: _____

City/Town: _____ Postal Code: _____

Telephone: Home: () _____ Fax: () _____ Work: () _____

E-mail: _____ Cell: () _____

Academic History: (Please begin with highest Degree.)

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

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

Other Credits and

Certification: _____

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 other information.

Multi-sensory 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 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.