

TUTOR APPLICATION

FORM BG 2

SCOTTISH RITE CHARITABLE FOUNDATION
LEARNING CENTRE FOR HAMILTON

NAME: _____ DATE: _____

ADDRESS: _____

CITY/TOWN: _____

TELEPHONE: HOME (____) _____ FAX: (____) _____ CELL: (____) _____

EMAIL: _____

ACADEMIC HISTORY: (PLEASE BEGIN WITH HIGHEST DEGREE)

DEGREE: _____ INSTITUTION: _____ DATE: _____ MAJOR: _____

DEGREE: _____ INSTITUTION: _____ DATE: _____ MAJOR: _____

OTHER CREDITS AND CERTIFICATION: _____

ORTON-GILLINGHAM TRAINING: PRINCIPAL TRAINER: _____

INSTITUTION: _____ TELEPHONE: (____) _____

ADDRESS: _____

CITY/TOWN: _____ PROV/STATE: _____ POSTAL CODE: _____

FROM: (Date Training Began) _____ TO: (Date training completed) _____

TOTAL NUMBER OF COURSE HOURS: _____ PRACTICUM HOURS: _____

AGES OF STUDENTS TUTORED IN PRACTICUM: _____

ORTON-GILLINGHAM EXPERIENCE AFTER TRAINING: _____

Attach your resume, including a list of professional societies to which you belong or belonged, and two letters of recommendation from persons knowledgeable about your professional work.

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