

# Scottish Rite Dormitory Application Form

## APPLICATION PROCEDURE

Complete and return the following:

1. Application Form
2. \$250.00 Deposit\*
3. Color Photo

Receipt of completed application form and deposit will place the applicant's name on the SRD housing list. An executed contract will secure a reservation for the applicant.

\*Deposit includes a non-refundable \$50.00 processing fee.

## PERSONAL DATA

Your Full Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Ages of Brothers: \_\_\_\_\_

Ages of Sisters: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_

Occupation: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_

Occupation: \_\_\_\_\_

Full name of person responsible for payment: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_

Term applying for: Long Term, Fall 20\_\_\_\_ - Spring 20\_\_\_\_  
Spring 20\_\_\_\_  
Summer 20\_\_\_\_  
1st 6 wks \_\_\_\_ 2nd 6 wks \_\_\_\_ 12 wks \_\_\_\_

University Classification for application year:

\_\_\_ FR \_\_\_ SO \_\_\_ JR \_\_\_ SR \_\_\_ Grad

List room choices in order of preference:

\_\_\_ Regular Single \_\_\_ Sunroom Single \_\_\_ Large Single

\_\_\_ Regular Double \_\_\_ Sunroom Double \_\_\_ Large Double

\_\_\_ Corner Suite \_\_\_ Side Suite

*Rooms are assigned based on the original date of application.*

What will be your major? \_\_\_\_\_

Do you plan to Rush? \_\_\_ Yes \_\_\_ No \_\_\_ Not Sure

Year graduated from high school: \_\_\_\_\_

What high school did you attended? \_\_\_\_\_

Favorite subject: \_\_\_\_\_

Least favorite subject: \_\_\_\_\_

Activities in the community, school, or church: \_\_\_\_\_

Leisure time activities: \_\_\_\_\_

Do you require special medical treatment or consideration? Yes / No

If so describe: \_\_\_\_\_

What is your church/religious affiliation? \_\_\_\_\_

Give the names of relatives who lived at SRD and the dates of residency. \_\_\_\_\_

How did you hear about SRD? \_\_\_\_\_

## MASONIC SPONSORSHIP

Name of Masonic Sponsor: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

\_\_\_ Father \_\_\_ Grandfather \_\_\_ Great-Grandfather

\_\_\_ Brother \_\_\_ Uncle \_\_\_ Non-Family

## CERTIFICATION

Brother \_\_\_\_\_

is/or was a member of Lodge No. \_\_\_\_\_

located in \_\_\_\_\_, \_\_\_\_\_ (state)

OR (check if applicable)

\_\_\_ I will need assistance with the Masonic Certification.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Scottish Rite Dormitory

210 West 27th Street | Austin, TX 78705

512-476-9131 | 512-476-3367 Fax

Visit our website at [www.srd.org](http://www.srd.org) or email [registrar@srd.org](mailto:registrar@srd.org)