

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 Application List. A fully 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 attend? _____

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 & 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 _____, _____
(City) (State)

OR (check if applicable)

____ I will need assistance with Masonic Certification.

Applicant's Signature: _____
Date: _____

Scottish Rite Dormitory
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512-476-9131 | 512-476-3367 Fax
Visit our website at www.srd.org