



**APPLICATION FOR THE JOHN W. BROCKMAN FELLOWSHIP
MARYLAND SCOTTISH RITE OF FREEMASONRY**



YEAR _____

DATE: _____

NAME: _____ SOCIAL SECURITY NO. _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

HOME PHONE: _____ WORK PHONE: _____

GRADUATE SCHOOL ATTENDING AND YOUR MAJOR: _____

EXPECTED DATE OF GRADUATION: _____

PREVIOUS EDUCATION (Start with secondary school)

School	Years	Degree or Diploma
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WORK EXPERIENCE (Start with present position) _____

SUMMARY OF CIVIC AND COMMUNITY ACTIVITIES: _____

- Attach a statement explaining your interest in Speech/Language Pathology. Explain your circumstances if there is a special financial need
- Submit a letter of recommendation from your Department Chairperson.
- Sign a release for your graduate and undergraduate academic records to be directed to the Maryland Scottish Rite Charitable Foundation, Inc.
- By submitting this application, applicant acknowledges having read and understood the provisions contained in the Fellowship Announcement.

Signature of Applicant

Date