

APPLICATION
McALESTER SCOTTISH RITE SCHOLARSHIP

NAME: _____

SOCIAL SECURITY #: _____

ADDRESS: _____

Number and street

_____ City _____ County

_____ State _____ Zip

TELEPHONE _____

FULL TIME _____ ENROLLMENT HOURS _____

PART TIME _____ ENROLLMENT HOURS _____

INDICATE YOUR ACADEMIC CLASSIFICATION:

FRESHMAN ___ SOPHOMORE ___ JUNIOR ___ SENIOR ___

GRADUATE STUDENT _____

OKLAHOMA RESIDENT _____ Yes _____ No

PLACE OF BIRTH _____

City _____ State _____

DATE: _____ SIGNATURE: _____

RETURN BY FEBRUARY 29, 2008 TO:

Suzette Dyer
University of Oklahoma
Disability Resource Center
620 Elm Avenue, Suite 166
Norman, OK 73019-2093