



**TMS — CLAYFORD T. GRIMM, PE STUDENT SCHOLARSHIP  
APPLICATION FORM**

(TYPE YOUR APPLICATION ON THIS FORM OR CREATE SHEETS OF SIMILAR SIZE AND LAYOUT)

**PERSONAL DATA**

NAME (last, first, middle initial)

**CURRENT ADDRESS**

(if temporary, also provide permanent address)

**PERMANENT ADDRESS**

STREET

STREET

CITY, STATE, POSTAL CODE

CITY, STATE, POSTAL CODE

COUNTRY

COUNTRY

PHONE/FAX

PHONE/FAX

E-MAIL

**EDUCATION**

List all schools you have attended since high school:

<b><u>NAME OF INSTITUTION</u></b>	<b><u>LOCATION</u></b>	<b><u>CREDIT HOURS EARNED</u></b>	<b><u>DEGREES</u></b>	<b><u>FIELD OF SPECIALIZATION</u></b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**QUESTIONS**

1. What are your career plans?

2. What is the extent of your experience or interest in masonry, such as design, materials, construction, or any combination of these? (Qualify your response with a brief resume of your work experience and accomplishments)

3. Describe the master's level research project you intend to conduct. This should include objectives, research hypothesis, methods, intended findings, and a timetable.

4. What are your plans for disseminating the results of your research?

**GRADUATE STUDY PLAN**

Please provide the name of the institution where you plan to conduct the research. Include location, expected date of admission, intended period of study, advanced degree expected, and courses related to masonry in your program

**FACULTY ADVISOR**

List the name of the proposed faculty advisor (who must be a TMS member) who will direct your research. This person shall have been provided an appraisal form and shall have agreed to direct your research. This appraisal must be sent directly to TMS by the advisor; any appraisal sent to TMS by the applicant will not be accepted.

Faculty Advisor's Name \_\_\_\_\_

Advisor's TMS Member Number

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

**APPLICANT'S CERTIFICATION**

I hereby certify that the information contained in this application is true and that I have answered all questions to the best of my ability. Further, I agree that I will notify The Masonry Society immediately if my educational program is interrupted or changed in any manner that may affect my ability to complete my graduate study or research plan.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

THIS APPLICATION AND ALL OTHER REQUIRED INFORMATION MUST BE RECEIVED AT TMS HEADQUARTERS BY THE END OF THE BUSINESS DAY ON **July 31 of the Award Year**. SEND TO:

**THE MASONRY SOCIETY**  
105 South Sunset Street, Suite Q, Longmont, CO 80501-6172  
PHONE 303-939-9700/FAX 303-541-9215/E-MAIL [info@masonrysociety.org](mailto:info@masonrysociety.org)

**Electronic Submissions Preferred**