

Application Form
SOIS (Studies Overseas in Spanish) SCHOLARSHIP
SUMMER 2010

Languages, Philosophy, and Speech Communication
0720 Old Main Hill
Utah State University
Logan, Utah 84322-0720

Deadline for Application Submission: MARCH 19, 2010

Please return your completed application form together with your most current academic transcripts to the Dept. of Languages, Philosophy, and Speech Comm, Attention: Dr. Kevin Krogh, 0720 Old Main Hill, Logan, UT 84322-7-0270

Personal Data:

_____, _____, _____, _____
Last name First name Initial Date of birth

Local address Phone

_____, _____, _____, _____
City State Zip code E-Mail

Permanent address (if different than above) Phone

_____, _____, _____
City State Zip code

_____, _____, _____
Country of citizenship A-Number Passport number (if available)

Academic Information:

_____, _____, _____
Major field of study Class standing G.P.A. (**Attach a copy of recent transcript**)

How long have you studied Spanish? High School _____ College _____ Abroad _____

_____, _____, _____
Most advanced Spanish course taken When completed Other language experience

Please Identify an additional professor who, in addition to the two professors you will ask to submit letters as part of your application to the program, will submit a recommendation on your behalf.

Note: Don't forget to sign the form on the space provided and indicate whether you do or do not wave your right to inspect the contents of the letter before giving it to your professor.

Name

Department

Universiy

Please use ONLY the space below and on the following page to write a brief statement on your reasons for applying for this scholarship for summer study in Spain, how you have prepared for the experience, and what you hope to gain from the experience.

I certify that all the information provided in this application is complete and accurate. If granted, I agree to comply with all regulations governing students set forth by Utah State University.

Date

Signature of applicant

I certify that I have consulted with the above named student regarding the relevance of the participation in this program. The applicant is a student in good standing, and to my knowledge there is no reason why she/he should not be allowed to apply for the scholarship.

Date

Signature of academic advisor

LETTER OF RECOMMENDATION

Recommender's Name and Department _____

Applicant's name and last name: _____

I do... ...waive my right to inspect the contents of the following recommendation.

I do not...

Date

Signature of applicant

To the Recommender:

The applicant is applying for a scholarship that will allow him/her to participate in four weeks of study in Spain at the University of La Rioja. Living in a foreign country requires emotional stability, tolerance of unfamiliar customs and people, language skills, and high levels of maturity, understanding, cooperation, and self-reliance. For this reason, we would welcome your assessment of the applicant's ability to cope with such circumstances in addition to an evaluation of her/his academic accomplishments, character, and potential. **Please, use additional pages (or attach a separate letter) if needed.**

PLEASE RETURN THIS FORM TO DR. KEVIN KROGH, 0720 Old Main Hill, Utah State University, Logan, UT 84322-0720, BEFORE **MARCH 16, 2010**

Date

Department

Signature of recommender Title

Name