

**THE AMERICAN-SCANDINAVIAN FOUNDATION
AWARD APPLICATION FOR STUDY/RESEARCH in the United States of America**

All entries must be completed fully and typewritten. Begin your response in the space provided, attach additional sheets if necessary. Return this application, in duplicate, and any documents pertaining to it, to the:
Icelandic-American Society, P.O. Box 320, 121 Reykjavík, Iceland.

1. Name

Surname

First name

Middle name

2. Present address

3. Permanent address

Present Telephone

E-mail

Permanent telephone

4. Birthdate / / (mm/dd/yyyy)

Birthplace

5. Citizenship

6. Major subject you propose to study

7. Planned dates of project / to /
mm yyyy mm yyyy

8. Are you planning to pursue a course of study in the United States leading to a degree? Yes No
If "yes", specify the degree, the institution in the U.S. or Scandinavia conferring the degree, and the date you expect to receive it.

9. Summarize your study/research:

10. Indicate relationship to future plans:

11. Name and address of the academic institution(s) with which you will affiliate and/or any scholars with whom you plan to work; attach a copy of letter of admission or invitation if applicable. If your program involves extensive travel, attach detailed itinerary, showing confirmed arrangements, and travel dates.

| 12. If applicable ATTACH a listing of books, articles and theses published (include place and date of publication) and the names of the societies (academic, professional or other) of which you are a member. | | | | |
|---|--------------------------------|--|--|--------------------------|
| 13. Rate your proficiency in English in reading, writing and speaking, and include the number of years studied. | | | | |
| 14. Academic or professional institutions attended, including foreign, and any you may be attending at present. Begin with the highest level. | | | | |
| INSTITUTION NAME AND LOCATION | DATES ATTENDED From To | | DEGREE RECEIVED | FIELDS OF STUDY Major |
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| 15. If you have studied, traveled, or lived in another country, give places, dates and purpose of visit. | | | | |
| 16. Marital Status: | | | How many family members will accompany you? | |
| 17. EMPLOYMENT HISTORY: List your last three major positions, beginning with the most recent position. | | | | |
| Employer's Name and Address | Position and Nature of Work | | From | To |
| | | | | |
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| 18. Estimate expenses in U.S. Dollars (show amounts and purposes) for the program in the U.S. and indicate how you will meet them. Specify the amount you hope to receive from the ASF. Indicate other agencies from which funding has been or will be requested. You are expected to advise the ASF of sabbatical funding and/or of awards received. Note: ASF funds are not intended for dependent support or purposes not directly related to the program describe in entries 7 and 8. | | | | |
| | | | Estimated Expenses | Estimated Resources |
| Tuition: | | | | |
| Room: | | | | |
| Board: | | | | |
| Literature and equipment: | | | | |
| Insurance: | | | | |
| International Travel: | | | | |
| Other/Incidentals (please specify): | | | | |
| TOTAL: | | | | |
| Please list the sources of your estimated resources below. Please be as specific as possible. | | | | |
| AWARDS RECEIVED | | | | Amount Awarded |
| | | | | |
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| I certify that the information given in this application is complete and accurate, to the best of my knowledge. Since awards are based on need as well as merit, I understand that the ASF reserves the right to withdraw or alter any award, should funds be available for this program from other sources, or should other circumstances warrant such action. Successful applicants will be required to submit a health certificate. If an award is conferred, I agree, insofar as possible, to adhere to the proposed plan of study and to comply with U.S. Government and ASF regulations. | | | | |
| SIGNATURE | | | DATE / / (mm/dd/yyyy) | |