



ACADEMIC YEAR 2008-2009
SCHOLARSHIP APPLICATION

THE AMERICAN WOMEN'S CLUB IN DENMARK

1. Name _____
Last First Middle
2. Present Address (private) _____
3. Present Telephone _____
4. Permanent Address _____
5. Permanent Telephone _____
6. Email address (if applicable) _____
7. Date of birth _____ Birthplace _____
8. Citizenship + CPR _____
9. Major subject for study in the U.S. _____
Date to begin study: _____ Date to end study: _____
10. Name and address of the academic institution(s) with which you will be affiliated and/or any scholars with whom you plan to work.

11. Are you planning to pursue a course of study in the U.S? _____ *If "yes", specify the degree, the institution in the U.S. or Scandinavia conferring the degree and the date you expect to receive it.

12. Names of academic institutions attended, including any you may be attending at present (including Gymnasium or equivalent, University and Professional or Technical School).

Name & Location of Institution	Field of Study	Dates of Attendance	Degree or Diploma with English translation	Date Received

(Use additional space if necessary.)

13. Rate your proficiency in English in reading, writing and speaking, and include the number of years you have studied.

Skill	Proficiency Rating	Years of study
Reading		
Writing		
Speaking		

14. If you have studied, traveled or lived in another country, give places, dates and purpose of visit.

15. Employment History: *list most recent position first.*

Employer's Name and Address	Type of Business	Job Title, Duties, and Responsibilities

16. Marital Status: Single_____ Married_____ Ages of Children_____

17. How many family members will accompany you?_____ (Please note that funds are not intended for dependent support.)

18. Estimated total financial needs for the period of study in the U.S. (Attach itemized budget of applicable costs. Indicate amounts and sources of funds available for the program of study and for dependent support other than the award for which you are applying.)

Period of study: ____ months Estimated **total** costs:_____

19. If applicable, attach a listing of books, articles and theses published (including place and date of publication) and the names of societies (academic, scientific, professional, or other) of which you are a member.

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I certify that the information given in this application is complete and accurate to the best of my knowledge.

Signature_____ Date_____

**Application to be sent to:
The American Women's Club in Denmark
c/o Scholarship Committee
P.O. Box 263
2800 Lyngby**