

ACADEMIC YEAR ABROAD

Post Office Box 67 Red Hook, New York 12571
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AYA Stetson Holmes Scholarships in Siena

Application for: Academic Year 2006-2007 _____ Spring Semester 2007 _____ [Check only one]

PART I: TO BE FILLED OUT BY APPLICANT

Please type or print

Full Name:

Family Name	First Name	Middle Name
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Permanent Mailing Address:

Number, Street	City	State	Zip Code
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Telephone Number: _____ Social Security Number: _____

College (Present) Address:

Number, Street	City	State	Zip Code
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Telephone Number: _____ E-Mail Address: _____

GPA: _____

College-level Italian courses taken to date:

Name and Title of your Language Evaluator:

Name and Title of the Professor who will write the scholarship recommendation (over):

Applicant's Signature: _____

Date: _____

PART II: TO BE FILLED OUT BY THE PROFESSOR RECOMMENDING THE APPLICANT

Please indicate briefly whether you recommend the applicant for a Stetson Holmes Scholarship, and (if so) the most compelling reasons for the award. (You may use this form or attach a separate sheet of paper.) If you are aware of other applicants for the scholarship, please rank this applicant relative to the others upon the basis of academic achievement and promise. The deadline for receipt of this application is April 15.

Name of Recommending Professor: _____

Signature: _____ Date: _____