

ACADEMIC YEAR ABROAD

Post Office Box 67 Red Hook, New York 12571
(845) 758-9655, Fax (845) 758-1588, aya@ayabroad.org

AYA Scholarships for State University Students

Application for study in: **Madrid** at the *Universidad Complutense* or the *Universidad Carlos III*
Check only one **Paris** at the *Université de Paris–Sorbonne* and the *Institut Catholique*
 Siena at the *Università degli Studi*

Academic Year 2006-2007 _____ Fall Semester 2006 _____ Spring Semester 2007 _____

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 language 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 scholarship and the most compelling reasons for the award. (You may use the space below or attach a separate sheet of paper.) In particular, please consider the following questions:

How successful, in your view, will this student be in adapting to the culture of the foreign university; that is, in fulfilling the requirements of foreign professors, taking courses conducted in a foreign language, and living and studying in the company of foreign students?

How independent and mature is this student?

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: _____