

APPLICATION FORM

PERSONAL DATA

Surname				First name			
Present address				Permanent address (if different)			
Street				Street			
Postal code		City		Postal code		City	
State		Country		State		Country	
Tel				Tel			
Fax				Fax			
E-mail				E-mail			
Date of birth		Day	Month	Year		Citizenship	
City of birth		Country of birth		Passport number		Expiration date	
<input type="checkbox"/> Female		<input type="checkbox"/> Male		Native language			
<input type="checkbox"/> Single		<input type="checkbox"/> Married		Other language(s)			

ACADEMIC BACKGROUND

In which college or university are you presently enrolled? _____

What is your field of study? _____ How many semesters have you completed? _____

ACADEMIC INTENT

List below the courses you wish to take. Make sure that courses do not conflict in time (see schedule in the brochure).

1. _____ 2. _____
 3. _____ 4. _____

HOW DID YOU FIND OUT ABOUT THE INTERNATIONAL SUMMER PROGRAM?

- Home University
 Professor
 Internet
 Embassy
 Campus Austria
 Study Abroad Office
 Brochure/Poster
 SHS Homepage
 Cultural Institute
 Former participant (state name): _____ other (please state) _____

APPLICATION

Please submit: Application form, transcript of grades, two letters of recommendation, official proof of proficiency level in English, statement of purpose, two passport-size photos, and the deposit (listed in the brochure).

Do you want to apply for financial assistance? No Yes (If yes, please fill out back of form.)

AFFIRMATION

I affirm that the information given in the application is complete and accurate.

Date: _____ Applicant's Signature: _____

Applications must reach the office of the Sommerhochschule by **April 30** at the latest, scholarship applications by **February 28**.

APPLICATION FOR FINANCIAL ASSISTANCE

NAME OF APPLICANT _____

AMOUNT APPLIED FOR

The program fee for the International Summer Program 2009 is € 2,800. The partial scholarships available range from € 300 to € 2,300, the remaining amount must be paid by the applicant. Please indicate the scholarship amount you wish to apply for:

€

Please note that the indicated amount must reflect your financial situation and need.

Please give below a statement of your financial situation and need. It will be to your advantage to be as specific as possible.

FAMILY SITUATION

Please list all family members (mother, father, sisters, brothers, grandparents, spouse, partner, children etc.) that live in the same household with you:

Relation	Name	Age
Relation	Name	Age
Relation	Name	Age
Relation	Name	Age
Relation	Name	Age
Relation	Name	Age
Relation	Name	Age

FINANCIAL SITUATION

Please indicate the monthly net income for each of the persons listed below earning a monthly wage. (If you live with a single parent or alone, also indicate the monthly income of both parents.) The information given has to be confirmed by an attached document (pay-slip or a tax income report), where the **monthly income is made apparent**.

If applicable the amount of financial support the applicant receives has to be confirmed by an attached document, where the **amount received is made apparent**.

All attached documents have to be translated into English or German by an official translator or notary.

Applicant's monthly net income:	Attachment No:
Mother's monthly net income:	Attachment No:
Father's monthly net income:	Attachment No:
Partner's/spouse's monthly net income:	Attachment No:

Amount of state support, grants, scholarships or other financial support the applicant presently receives. Please indicate the period of time each amount is received for. (If needed add an extra sheet.):

Support 1	Period of time	Attachment No:
Support 2	Period of time	Attachment No:

AFFIRMATION

I affirm that the information given in the application is complete and accurate.

Date: _____ Applicant's Signature: _____

Applications for financial assistance must reach the office of the Sommerhochschule by **February 28**.