



*The American Scandinavian
Foundation of Santa Barbara*
PO BOX 41502, Santa Barbara, CA 93140

Our Mission: To promote international understanding by preserving and sharing Scandinavian heritage and culture with our community.

Scandinavian Summer Study Scholarship
2024 Application

Personal Information

| | |
|---|--|
| Full name: | |
| Phone number: | |
| E-Mail: | |
| Address: | |
| Date of birth: | |
| How did you learn about the scholarship? | |

| | |
|---|--|
| U.S. high school/university/ college: | |
| Academic major: | |
| Planned graduation date: | |
| Please select your 2022-2023 class level: | High school senior First year of college Second year of college Third year of college Fourth year of college |
| Academic achievement(s), i.e. honor societies, academic awards, undergraduate research, etc. | |

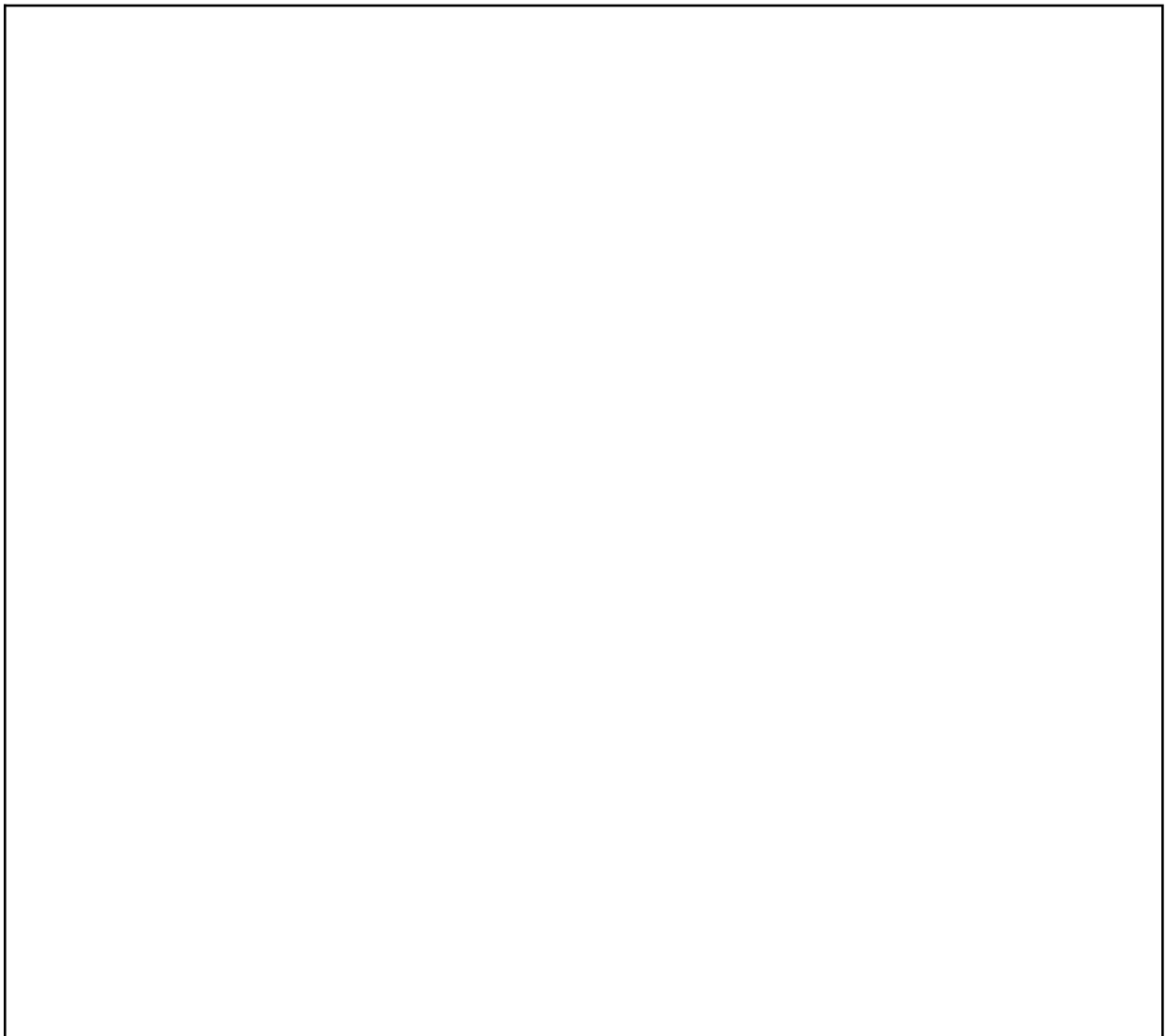
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|--|--|
| Program in Scandinavia that you plan to attend: | |
| Program start & end dates: | |

Statement of Purpose

Instructions: Write an essay (300-500 words) reflecting on the following:

Why are you interested in studying at an academic institution in Scandinavia?

Your answer can include but is not limited to wanting to connect with your Scandinavian roots, interest in a specific academic program offered in Scandinavia, curiosity about Scandinavian cultural values, or desire to learn about a Scandinavian field of study. In your response, please also reflect on how receiving this scholarship would help make your goal possible.

A large, empty rectangular box with a thin black border, intended for the student to write their statement of purpose. The box occupies the lower two-thirds of the page.

Academic Transcript

Please include an unofficial transcript from your most recent high school/university/college attended with your application. The transcript should be emailed as a separate attachment, and must be in PDF or Word format.

Letter of Recommendation (optional)

The recommendation should be emailed directly to info@asfsb.net by your professor, using his/her/their institutional email address.

| | |
|------------------------|--|
| Full name: | |
| Organization: | |
| Position/Title: | |
| Relationship: | |
| E-Mail: | |

My signature below serves to assure that everything included in this application is true and correct.

Name:

Date: