

Application

for Joseph and Irene Skalny Study Abroad Grant
at the Jagiellonian University, Kraków, Poland

Fall, Spring, or Full Year

Please print.

Name: _____ Sex: Female __ Male __

Campus Address

Permanent Address:

CPU or Number and Street

Number and Street

City State Zip Code

City State Zip Code

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Telephone

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Telephone

Cellular phone number (if different from above): _____

Campus Address valid through: _____

E-mail Address: _____

Date of Birth: _____

Rate your current knowledge of the Polish language:

Oral:	none	poor	fair	good	excellent
Reading:	none	poor	fair	good	excellent

Have you taken courses in Polish language, history, or culture previously?
If yes, please list them. Yes No

(over)

Your UR class year: _____

Major(s) and minor(s) (if applicable) _____

Have you taken part in past Summer School programs? Yes No

If yes, in which years? _____

Name, address, and phone number of person to be contacted in an emergency:

_____ Name	_____ Relationship ()
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_____ Address	_____ Telephone
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Please attach a letter of interest, a curriculum vitae, a current transcript, and three letters of recommendation.

Name (please print)

_____ Signature	_____ Date
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Please return this application and the supporting materials to the Skalny Center for Polish and Central European Studies, 101 Harkness Hall, RC Box 270147.