

ASCSA Summer Seminar Application

Application and recommendations deadline: January 15th.
Please send your two recommenders this link to the [Summer Session Recommendation Form](#) in a timely manner.
Instructions are included in the form.

Title *

First Name *

Middle Name

Last Name *

Suffix

Phone Number *

Email *

Current Mailing Address (address to which notification is to be sent): *

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Birth date *

 / / 

MM

DD

YYYY

Citizenship *

Academic Level *

- Undergraduate student Graduate student
- Teacher Professor
- Other (please explain)

If "Other" describe your academic level:

Major field of study or degree area: *

Current affiliation: *

Colleges and universities attended, with dates of residence, degrees awarded or expected, and honors attained *

Teaching and other professional experience, with institutions and dates or present employment. Graduate students, teachers, or professors may attach a curriculum vitae or resume using the file upload option below. *

For your convenience, you may attach a pdf or doc file instead. Please make a note in the box above.

no file selected

From what sources are you seeking scholarship aid? *

State briefly your present attainments in the following subjects: Latin and Greek (specify amount of reading done in the original and in translation), ancient history, history of ancient literature, archaeology and history of art. *

For your convenience, you may attach a doc, docx or pdf file instead. Please make a note in the box above.

no file selected

State briefly your future plans. How does participation in the ASCSA Summer Seminar fit into these plans? *

For your convenience, you may attach a doc, docx or pdf file instead. Please make a note in the box above.

no file selected

Please indicate your reading ability in modern foreign languages. *

How would you describe your general health at present? *

Do you expect to have any difficulty doing strenuous physical exercise in a hot, sunny, Mediterranean summer? *

I would like to attend the seminar (check one box or both boxes if you plan to attend two seminars): *

- "Greek Sculpture Up Close" Seminar (Fullerton) June 12 to June 30, 2017
- "Myth on Site" Seminar (Salowey) July 6 to July 24, 2017

How did you hear about the Summer Seminars of the American School for Classical Studies at Athens? *

Student applicants are required to submit undergraduate and graduate transcripts, scanned from the originals issued to the candidate in legible pdf format, as part of the online application. *

- I understand this requirement

Student transcripts:

Attach the transcripts pdf file and be sure to name the file "LastnameTranscripts.pdf" (e.g. "SmithTranscripts.pdf").

no file selected

List the names and contact information of your two recommenders. You should have already sent them the link to the Summer Session Recommendation Form which is due January 15.

Name of Recommender #1 *

Institution *

Position *

Contact Information (phone, email, fax or address) *

Name of Recommender #2 *

Institution *

Position *

Contact Information (phone, email, fax or address) *

Waiver of Right of Access to Confidential Statements: In accordance with the Family Education Rights and Privacy Act of 1974, I have the right to inspect recommendation letters. *

- I waive my right to review recommendation letters.
- I do not waive my right to review recommendation letters. (If you do not waive your rights, the ASCSA will notify your recommenders.)

By signing this application or by transmitting it electronically, I certify that all information submitted in the admission process, including the application and supporting material, is my own work, factually true,

complete, and honestly presented. I also certify that any other information submitted on my behalf is authentic, including letters of recommendation, academic transcripts, and certifications. I understand that I may be subject to a range of disciplinary actions, including admission revocation, suspension or expulsion, should the information that I have certified be false, misleading, or contain omissions. I agree to notify ASCSA of changes to information or of new information pertinent to this application.

I have placed my electronic signature on this application. I understand that by typing my full name on the line below, I am affixing my electronic signature which is contractually binding, represents my knowing certification, and has the same legal force and effect as an original hand-produced signature.

Type Full Name Here *

Date *

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	
MM		DD		YYYY	

IMPORTANT

Before submitting this form, please PRINT A COPY (or SAVE AS A PDF) for your records.