

# ASCSA Summer Seminar Application

**Application and recommendations deadline: January 15th.**

**\*Please send your two recommenders the following link to the recommendation form in a timely manner: <https://ascsa.wufoo.com/forms/ascsa-recommendation-form-for-summer-programs/>. Instructions are included on 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 chosen

Are you applying for a scholarship funded through the ASCSA? \*

Yes

No

From what other 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

**SAMPLE**

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 chosen

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 chosen

Please indicate your reading ability in modern foreign languages. \*

**SAMPLE**

**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 Warfare and Culture Seminar (Brice and Tsouvala), June 11 to June 29, 2017
- Ancient Greek Religion in Situ (Polinskaya), July 5 to July 23, 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 chosen

**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 \***

**SAMPLE**

**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 \*** /  /  

MM DD YYYY

**IMPORTANT**

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