

Department of Scandinavian Studies  
University of Washington

**Scholarship Application Form**

**Deadline for Academic Year 2008-2009:**

**February 15, 2008**

Name of scholarship for which you are applying: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Student #:** \_\_\_\_\_ **Major/Minor:** \_\_\_\_\_

Please attach a statement regarding your educational objectives, why you are applying for the scholarship, why you feel you are eligible, and how you plan to use the scholarship.

Please attach a copy of your transcript and two letters of recommendation, at least one from outside the Department of Scandinavian Studies. **A separate application form and packet is required for each scholarship.** Send to:

**Terje Leiren, Chair**  
Department of Scandinavian Studies  
University of Washington  
Box 353420  
Seattle, WA 98195-3420

Tel: 206-543-0645