Application

for Skalny Summer Study Abroad Grant at the Jagiellonian University, Kraków, Poland

Summer 2020 (July 6 – August 2, arrival date July 5)

DEADLINE FOR APPLICATIONS: March 6, 2020

Please print:					
Name:		Sex: Female Ma			
Student ID:					
Campus Addr	Permanent Address: Number and Street				
CPU or Number and Street					
City State	e Zip Code	City		State	Zip Code
()		()			
Telephone		Telephon	ie		
Cellular phone number (if	different from a	above):			_
Campus address valid thro	ough:				
E-mail address:		_			
Date of Birth:					
Rate your current knowled	lge of the Polish	n language:			
Oral: none Reading: none	poor poor	fair fair	good good		ccellent ccellent
Have you taken courses in list them.	Polish languag Yes	e, history, or o	culture previo	ously?	If yes, please

Your UR class year:	
Major(s) and minor(s) (if applicable)	
Please list two references (one personal a	and one academic):
Academic	Personal
Name	Name
Number and Street	Number and Street
City State Zip Code ()	City State Zip Code
Telephone	Telephone
If yes, in which years? Name, address and phone number of per Name	son to be contacted in an emergency: Relationship ()
Address	Telephone
Please attach your transcript and a sh Polish studies.	ort essay stating the reason for your interest
Name (please print)	-
Signature	 Date

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