



**Lilly Lorénzen Scholarship**  
2017–18 Application Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Date of Birth \_\_\_\_\_

Present Employer \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**I. Education**

	Name of School	City, State	Course of Study	Year From/To	Degree Received
High School					
College/ University					
Graduate School					
Other					

**2. Language Experience**

Number of years you have studied Swedish \_\_\_\_\_

Where \_\_\_\_\_

Name of instructor(s) \_\_\_\_\_

Proficiency in conversational Swedish \_\_\_\_\_

Have you ever been to Sweden?  Yes  No Length of stay \_\_\_\_\_

Other language experience (indicate years of study) \_\_\_\_\_

**3. Specific Plans for Study in Sweden**

Departure date \_\_\_\_\_ Length of study \_\_\_\_\_

School in Sweden \_\_\_\_\_



**4. Other Educational Plans (graduate study, etc.)**

**5. Previous Scholarships or Awards**

**6. Other awards, scholarships, or grants to run concurrent with this award (you will not be excluded on the basis of how you answer this question)**

**7. How did you hear about this scholarship?** \_\_\_\_\_

**8. Purpose of Study in Sweden**

Write a one-page statement of your objectives on a separate sheet and attach it to this application.

**9. College Transcript**

Attach your college transcript or, if a transcript is not available, a statement of professional and community achievements.

**10. References (two should be academic)**

	Name	E-mail	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Applications must be postmarked to the following address by May 15, 2017:**

American Swedish Institute  
Lilly Lorénzen Scholarship  
2600 Park Avenue  
Minneapolis, MN 55407