



**Lilly Lorénzen Scholarship
Application Form**

Name _____

Address _____

City, State, Zip _____

Phone _____

E-mail _____

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? Length of stay _____

Other language experience (indicate years of study) _____

3. Specific Plans for Study in Sweden

Departure date _____ Length of study _____

School/ Organization in Sweden _____

4. Other Educational /Professional Plans

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. References (two should be academic or professional)

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

Applicant's Signature _____ **Date** _____

**Applications must be postmarked or emailed (brittaw@asimn.org)
to the following address by May 1st**

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