**Application Form**

**2019 Italian Diaspora Studies Summer Seminar in Rome**

**Personal Information**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

Birth date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: female \_\_\_\_ male\_\_\_\_\_

Permanent Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip

Phone: Home Cell

E-mail

Emergency contact name and address

Home telephone Business telephone

**Previous Language Study**

Language Level Years of Study

*Special diet needs:*

*Allergies or chronic ailments of which our Resident Director should be aware:*

**Statement of Current Study**

***For degree seeking students***

Please attach a description (in 200 words) of the degree you are seeking, and at which school and in which program you are currently enrolled. State any connections your work may have to Italian or Italian American Studies. Attach an official transcript or student copy of your transcript with this application. Also, have your dissertation director send a letter of recommendation, no longer than 400 words.

***For post-doctorate applicants***

Please state your research interests and their connection to Italian and/or Italian American Studies (in 200 words).

*United States citizens must have valid U.S. Passports.* *Your passport should NOT expire within six months of your return trip from Italy*. If so, you will not be allowed to board the plane at your U.S. point of departure.

***Payment Options***

A Non-refundable deposit of $500.00 is due upon acceptance to the program.

The balance of the fee is due on or before April 15, 2019.

Checks should be made payable to:

Friends of the John D. Calandra Italian American Institute Foundation

John D. Calandra Italian American Institute

25 West 43rd Street, 17th Floor

New York, NY 10036

Applicant’s name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_