



Swedish Women's Educational Association  
International, Inc. • Florida •

2019 Application Due before May 1st, 2019.

**Applicant:**

*Please print or type*

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

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

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

Connection to Sweden: \_\_\_\_\_

Connection to Florida: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Telephone (Daytime): \_\_\_\_\_ (Evening): \_\_\_\_\_

**College or University:**

*Please print or type*

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

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

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

**Name of instructor giving recommendation:**

*Please print or type*

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

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

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

**The following forms must be submitted along with the application:**

- a) A Curriculum Vitae;
  - b) A project proposal, describing the applicant's planned studies, length and goals;
  - c) A financial statement explaining educational expenses and financial assets applicable to the studies;
- and

d) A letter of recommendation regarding the applicant's possibilities to fulfill the proposed project/studies (e.g. an instructor from the applicant's college or university).

**SUPPORTING STATEMENT**

In order to assist the SWEA Scholarship Committee in making its evaluation, a brief statement containing any additional information you consider relevant to your scholarship application, may also be submitted.

**STATEMENT of APPLICANT**

I hereby certify that the information given is correct, to the best of my knowledge.

I hereby allow SWEA South Florida to make a public announcement of the scholarship.

I hereby agree to use the funds granted by SWEA South Florida exclusively for expenses connected with my education, training or courses as stated in my application.

I hereby agree to provide a report to the SWEA Scholarship Committee within three months after the end of my program or studies.

I hereby agree to accept, if feasible, an invitation to a SWEA South Florida meeting to share my experience.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

**Only a dated and signed application will be valid. A scanned version of the signature is acceptable by email.**

*The scholarship recipient will receive a written notice from the President of the Board of SWEA South Florida no later than May 18th, 2019.*

Please keep a copy for your file.