**HARRIET HALE WOOLLEY SCHOLARSHIP**

**APPLICATION FORM AND CHECKLIST**

*This is a preliminary application form for the Harriet Hale Woolley Scholarship and residence at the Fondation des États-Unis. Should your application be accepted, you will also be required to complete an official CiuP accommodation application dossier. Please complete this form and return it along with the following documents to* *culture@fondationdesetatsunis.org* *by January 31:*

[ ]  The **Harriet Hale Woolley Scholarship application form**. Please insert your electronic signature or print, sign and scan the form. If you scan the form, please also return the original (unsigned).

[ ]  A **passport sized photo** should be inserted into the application form and also sent in JPEG format.

[ ]  A **detailed CV**.

[ ]  A short yet detailed **statement about your project** including the French school and/or instructor you intend to work with.

[ ]  A **detailed description of the Psychiatry Residence**. Please mention the name of the institution, the name, title and contact details of the Department Head and the duration of your Residence, as well as your professional goals.

[ ]  For Anglophone applicants, a **certificate of proficiency in French** signed by a qualified teacher of French. Please note that if you are not reasonably fluent, you must show a serious commitment by acquiring basic proficiency before arriving in France. It is also strongly recommended to include a **letter of intent to enroll in a French language course** upon arrival in France.

*Pour les candidats francophones, merci d’inclure* ***une attestation indiquant votre niveau d’anglais****.*

[ ]  **Two letters of recommendation**. The letters should be typed on letterhead paper, and should be emailed to culture@fondationdesetatsunis.org by the issuer.

[ ]  **Copies of complete and original transcripts** of all colleges or universities attended with embossed seal of the issuing institution. A high definition color scan will be accepted for the initial application process. Shortlisted candidates may be requested to send the original paper copies.

[ ]  A simple **medical certificate** confirming the candidate’s good general health. Successful candidates will be required to show proof of paid-up accident and health insurance before arrival.

[ ]  **Proof of American citizenship** (or French/Swiss citizenship for the scholarship in psychiatry), i.e. a clear high definition color scan of the applicant’s passport.

*Les candidats francophones peuvent remplir le formulaire en français s’ils le souhaitent, mais il est préférable de le remplir en anglais.*

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**HARRIET HALE WOOLLEY**

**SCOLARSHIP APPLICATION FORM**

1. **PERSONAL DETAILS:**

**Last Name:** CLICK TO ENTER TEXT.

**First Name:** Click to enter text.

**Date of Birth:** Click to enter text. (DD/MM/YYYY)

**Nationality:** Click to enter text.

**Current Address:** Click to enter text.

**Email:** Click to enter text.

**Cell:** Click to enter text.

**Telephone:** Click to enter text.

**Skype:** Click to enter text.

**Permanent address (if different from above):** Click to enter text.

1. **EDUCATION:**

**Please list schools, degrees obtained and years attended:**

Click here to enter text.

**Festivals, masterclasses and workshops** (list establishments, subject studied and years attended)**:**

Click here to enter text.

1. **DATES OF RESIDENCE:**

**Request Residence from** Click to enter text.**to** Click to enter text. (DD/MM/YYYY)

**In Paris, I plan to study or do research in** (list subject, school or institution, and name of principle instructor)**:**

Click here to enter text.

**Resources for the full nine-month academic year (in US dollars):**
- Family Contributions: Click to enter text.

- Earned Income: Click to enter text.

- Other Scholarships and Grants: Click to enter text.

- Loans: Click to enter text.

- Other resources: Click to enter text.

**TOTAL:** Click to enter text.

1. **THE SCOLARSHIP:**

**How did you hear about the Harriet Hale Woolley Scholarship?**

Click to enter text.

**Have you applied for other scholarships or grants for the same period?**

Click to enter text.

**If so, what was the result/when will you receive the result?**

1. **SIGNATURE:**

**Signature:  Date:** Click to enter text.