

UW-Madison Lapinski Scholarship Application Dossier Cover Sheet

*Please type or print clearly!
No fax or electronic submissions are allowed.*

1. Name and contact information

First Name: _____ Last Name: _____

UW Student ID: _____ e-mail: _____

Madison address:

Permanent address:

2. Enrollment Information

UW-Madison College (Business, CALS, L&S, etc.):

Enrollment Status:

a. _____ Check here if you are an undergraduate student. Then indicate here your *current* enrollment status by circling the appropriate status:

freshman sophomore junior senior

b. _____ Check here if you have completed your BA degree and are an entering graduate student. Indicate here the name of the department into which you are matriculating at UW-Madison:
Department _____

c. _____ Check here if you are a continuing graduate student at UW-Madison. Indicate here the highest degree you have already completed and then provide the name of the department in which you are enrolled:

Highest degree completed: BA MA ABD PhD
Department: _____

3. Polish Language Background

For all continuing students: Course number and semester/year of **your highest level of Polish language class** at UW-Madison (Slavic 111/112, 207/208, 277/278, 331/332): _____

For entering graduate students: Number of years of previous study of Polish language and name of institution(s) where you studied Polish

4. Academic Program

a. For undergraduates:

Are you a Polish major? Yes / No

Other majors or certificates you have declared:

b. For graduate students:

Do you have a PhD minor in Polish? Yes/No

What is your area of focus on Poland and Polish language and culture?

5. Names of referees

List here the names of referees writing recommendations for this application and their institutional affiliation (for undergraduate students, one must be a UW-Madison faculty member):

- 1. _____
- 2. _____

Have you been on study abroad in Poland before? If so, when and where?

Have you been on study abroad elsewhere before? If so, when and where?

6. Purpose of Lapinski Scholarship: check one

tuition at UW-Madison _____

tuition for study abroad in Poland through UW-Madison _____*

*If study abroad is checked, complete questions a-d below

- a. Name and location (city in Poland, name of university) of study abroad program
- b. When will you study abroad (summer, semester, academic year):
- c. Estimated program costs:
- d. Attach program brochure from UW-Madison Study Abroad Office (261 Bascom Hall)

Signature of student applicant: _____

Date:

UW-Madison Lapinski Scholarship Recommendation Form

Name of Student Applicant (PRINT) _____

Waiver: I, the above named student, hereby waive the right of access to this letter of recommendation.

Signed: _____ Date: _____

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To the recommender: Please answer the questions on this form and append to this form a signed letter with a descriptive evaluation of the student applicant. In your written evaluation, please provide evidence of the student's intellectual abilities, academic achievement(s), engagement in Polish studies, openness to different points of view, ability to work with others, and any other information you think relevant to our consideration of this student's application for a Lapinski Scholarship in Polish Studies. When you complete the recommendation form, please send it by February 15 with your written evaluation, in a sealed envelope with your signature written over the seal, to: Ms. Lori Hubbard, Lapinski Scholarship Coordinator, Slavic Dept., 1434 Van Hise Hall, 1220 Linden, Dr., Madison, WI 53706. (NO FAX OR E-MAIL RECOMMENDATIONS ARE ALLOWED.)

Please mark the grid in accordance with your overall evaluation of the student's

	Top 2%	Top 5%	Top 10%	Top 20%	Lower than top 20%
Intellectual promise					
Motivation					

Overall evaluation: Please check one

- _____ I very highly recommend this student
- _____ I highly recommend this student
- _____ I recommend this student
- _____ I regret that I cannot recommend this student

Name of recommender: _____

Title of recommender: _____

Institutional Affiliation: _____

Contact information (address, phone, e-mail address):

Signature: _____

Date:

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