

**DR. AND MRS. JOHN A. JOHNSON SCHOLARSHIP APPLICATION**  
**2009-2010 APPLICATION INSTRUCTIONS**

**Application Deadline: February 9, 2009**

**Calendar**

January 2009 – Application materials available at <http://www.und.edu/dept/lang/norwegian.html>

**February 9, 2009 – Application deadline**

March 2009 – Application processing

April 2009 – Award winners selected and notified

**Eligibility Requirements**

To be eligible for a Dr. and Mrs. John A. Johnson Scholarship, you must:

- Be the top sophomore (second-year) student enrolled in Norwegian language courses
- Be enrolled in Norwegian courses at UND for the academic year of the scholarship

**Selection Criteria**

- Demonstrated academic accomplishment
- Demonstrated dedication
- Demonstrated promise in the field of study
- An outstanding student may receive the award more than once

**Application Pack**

All required forms and documents must be delivered to the Languages Department Office (Merrifield Hall, Room 320, Stop 8198) and postmarked by the deadline.

- Student Application—consists of completed application form and essays
- Two Letters of Recommendation—completed by someone knowledgeable of applicants academic or service background
- Transcript—available for purchase from the Registrar's Office. If applicant signs the FERPA Release form included in this application, this signed form will authorize the Registrar's Office to release the academic record to the Languages Department at no cost to the applicant.

**Amount and Duration of the Award**

- A one-time scholarship. In 2008, the award was \$400.
- Recipients receive half of the award at the beginning of each semester.
- If you are awarded a scholarship for foreign travel, a portion of the money (about 25%) will be given to you only after you have returned from abroad and submitted your final report. If you change your travel plans, your award will be subject to review.
- Before you complete your materials, please discuss your plans with a member of the faculty. This is especially important for those who will be taking classes while abroad.

**DR. AND MRS. JOHN A. JOHNSON SCHOLARSHIP APPLICATION**

**Contact Information**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
          First          Middle          Last

UND ID #: \_\_\_\_\_ SS #: \_\_\_\_\_

Local Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Local Address: \_\_\_\_\_  
                          Street                          City                          State                          Zip

Home Address: \_\_\_\_\_  
                          Street                          City                          State                          Zip

**Academic Information**

Major(s): \_\_\_\_\_ Minor(s): \_\_\_\_\_

Overall GPA: \_\_\_\_\_ UND GPA: \_\_\_\_\_

Year in school: \_\_\_\_\_ Projected graduation date: \_\_\_\_\_

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**\*\*Please attach a separate, typewritten page, with your answers to the following questions.**

**Language and Travel Information**

1. List languages learned and fluency level.
2. List language courses in which you are enrolled this semester and plan to take next semester.
3. List locations and dates for previous study abroad.
4. If this scholarship is to be used to fund travel to Norway for study abroad, list destination and dates for the proposed study abroad. Include letter of acceptance to program.

**Personal Information**

1. Describe your involvement in student organizations at UND.
2. Describe your service to the department, the university, and the community during your college years.
3. List any awards, scholarships, or special recognition you have received in the past three years.
4. Describe your career goals, and how receiving this scholarship might help you achieve those goals.
5. Please include other information that you believe might be helpful to the scholarship committee.

FERPA Release Form

I, \_\_\_\_\_ the undersigned, authorize the  
(Please print full name)  
University of North Dakota Registrar's Office to release my academic record/transcript upon  
request by the University of North Dakota Languages Department.

I acknowledge by my signature that I understand although I am not required to release my  
records, I am giving my consent to release the information. I understand that this release remains  
in effect until March 15, 2009.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student ID #