



BOSTON UNIVERSITY AFRICAN STUDIES CENTER

AFRICAN LANGUAGE PROGRAM

Summer FLAS Fellowship Application¹

to support participation in

2010 Summer Cooperative African Language Institute (SCALI)

to be held at _____

or 2010 Summer Intensive African Language Study

Due date: 1 March 2010

Name: _____

Address: _____

City _____ State _____ Zip _____

Telephone: _____ Citizenship ____ U.S. citizen ____ Permanent Resident ____

Social Security number: _____ e-mail address: _____

Current Status (student, professional): _____ graduate ____ undergraduate ____

Department/Affiliation _____

Home Institution _____

Proposed Language of Study _____ Level of Study _____

Indicate the institutions to which you are applying for Foreign Language and Area Studies Fellowship (FLAS) support (it is recommended that you apply also to your own institution if it grants FLAS fellowships, and to SCALI and/or the institution sponsoring your language)

Boston University Yes/no ____

SCALI 2009 at Michigan State University Yes/no ____

Other _____

Have you received previous fellowships under Title VI (FLAS or NRF) or Fulbright-Hays programs? ____
If yes, indicate total months of support ____

Names of the 2 people writing recommendations for you:

1. Name: _____ Telephone: _____ e-mail: _____

Address: _____

2. Name: _____ Telephone: _____ e-mail: _____

Address: _____

¹For a US-based language program, applicants must furnish: completed application and essay, 2 letters of recommendation, assurance of application also to SCALI and one's own institution. Students intending to use a Summer FLAS fellowship to pursue intensive African language study in an overseas program are required to provide, in addition, the following three items (in an official document or on the letterhead of the institution offering the instruction): i. brochure of the institution; ii. Information on the level of instruction and the number of hours of instruction; iii. cost of tuition for registration in the course.

Statement of Purpose:

Indicate the name of the language that you intend to study and provide a short statement regarding your reasons for choosing that language, your future professional career plans, and if applicable, your reasons for applying for financial aid.

Please return completed application materials to: African Language Coordinator, Boston University African Studies Center, 232 Bay State Road, Boston, MA 02215 Phone 617 353 7305 or fax: 617 353 4975; e-mail fngom@bu.edu.