

ASCSA Regular Membership Application

The deadline for this application is JANUARY 15. (Fulbright applicants must submit the application for Student Associate membership with fellowship by OCTOBER 11. Regular Membership is not acceptable for Fulbright grants.)

Title *

First Name *

Middle Name

Last Name *

Suffix

Permanent Address *

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Phone Number *

Email *

Current Mailing Address *

Street Address

Address Line 2

City

State / Province / Region

SAMPLE FORM

Postal / Zip Code

Country

This address will be valid for these dates: *

Phone Number *

Birth date *

 / / 

MM

DD

YYYY

Birthplace *

Citizenship *

Marital Status *

Which members of your family would accompany you to Athens? *

Present academic level *

Colleges and universities attended, with dates of residence, degrees, field(s) of major study, and honors attained: *

Current Affiliation *

SAMPLE FORM

Department *

Teaching and other professional experience, with institutions and dates:

*

For which Member Category are you applying? *

- Regular Member with School Fellowship
- Regular Member only

Qualifying Examinations. Regular Member applicants take two of the four following examinations, each of which is two hours in duration: Ancient Greek Translation; Greek History; Greek Art and Archaeology; Greek Literature. Indicate your two choices. (You may change your mind in February). *

- Ancient Greek Translation
- Greek History
- Greek Art and Archaeology
- Greek Literature

Do you expect to attend if you are not awarded a School Fellowship? *

- Yes No

From what other sources are you seeking fellowship aid? *

Proficiency in German, French, Italian, Modern Greek: *

SAMPLE FORM

State briefly your present attainments in the following subjects: Latin and Greek (specify amount of reading done in the original and translation), ancient history, history of ancient literature, Greek and Roman art and archaeology. *

For your convenience, you may attach a doc, docx or pdf file instead. Please make a note in the box above.

no file selected

Give details of any previous visits to Greece or Classical lands prior to ASCSA membership, fellowships, and dates at the School (Regular Member, Summer Session, Associate Member, excavations, etc.) *

For your convenience, you may attach a doc, docx or pdf file instead.
Please make a note in the box above.

no file selected

Title of dissertation, research project, or field of interest *

Brief statement of your purpose in seeking study at the American School of Classical Studies. Include your general and specific fields of interest, the importance of a stay in Greece for your current academic program of studies, your professional goals, and, if applicable, your dissertation subject with the name of your advisor. *

For your convenience, you may attach a doc, docx or pdf file instead.
Please make a note in the box above.

no file selected

Student applicants are required to submit undergraduate and graduate transcripts, scanned from the originals issued to the candidate in legible pdf format, as part of the online application. Please be sure to name the file, "LastnameTranscripts.pdf" (e.g. "SmithTranscripts.pdf"). *

no file selected

Curriculum Vitae (optional)

no file selected

How did you hear about the American School of Classical Studies at Athens? *

Recommendations

SAMPLE FORM

Names and addresses of three people who are familiar with your academic work and attainments and who are willing to write supporting letters for you (one from the Chair of the Graduate Program of your home institution).

Upon submission of this form, you will be given a link to a recommendation form. Please provide this link to each of your recommenders.

Name of Recommender #1 *

Institution *

Position *

Contact Information (address, phone number, email) *

Name of Recommender #2 *

Institution *

Position *

Contact information (address, phone number, email) *

Name of Recommender #3 *

Institution *

Position *

Contact Information (address, phone number, email) *

Waiver of Right of Access to Confidential Statements: In accordance with the Family Education Rights and Privacy Act of 1974, I have the right to inspect recommendation letters. *

- I waive my right to review recommendation letters.
- I do not waive my right to review recommendation letters. (If you do not waive your rights, the ASCSA will notify your recommenders.)

Regular Membership Application Fee:

ASCSA requires that all applicants for Regular Membership submit a \$50 fee with the application form; this process is made through PayPal.

Step 1: Complete your application form by clicking the submit button at the end of the form.

Step 2: You will be redirected to the PayPal website.

Step 3: You may choose to pay by credit card, e-check, or by bank transfer.

Step 4: If you choose to pay by e-check or bank transfer, you must create a PayPal account. It is quick and easy and instructions on how to do this are included on the PayPal website.

Step 5: After completing payment, PayPal will offer you the option of returning to the ASCSA website (PayPal may list the ASCSA website as the "Trustees of the American School for Classical Studies at Athens"). Select this option.

Step 6: PayPal will return you to the ASCSA website, where you will receive a confirmation message along with further instructions on processing recommendation letters. *

- I understand the above instructions regarding the \$50 application fee to the ASCSA.

SAMPLE FORM

By signing this application or by transmitting it electronically, I certify that all information submitted in the admission process, including the application and supporting material, is my own work, factually true, complete, and honestly presented. I also certify that any other information submitted on my behalf is authentic, including letters of recommendation, academic transcripts, and certifications. I understand that I may be subject to a range of disciplinary actions, including admission revocation, suspension or expulsion, should the information that I have certified be false, misleading, or contain omissions. I agree to notify ASCSA of changes to information or of new information pertinent to this application.

I have placed my electronic signature on this application. I understand that by typing my full name on the line below, I am affixing my electronic signature which is contractually binding, represents my knowing certification, and has the same legal force and effect as an original hand-produced signature.

Type Full Name Here *

Date *

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	
MM		DD		YYYY	

IMPORTANT:

Before submitting this form, please PRINT A COPY for your records.