

2025 University of Wyoming Arabic Language and Culture Summer Camp

APPLICATION FORM

Program Dates: July 27-August 9, 2025

Applications Reviewed on a Rolling Basis

Email as attachment to: tnielse5@uwyo.edu

PERSONAL INFORMATION

Name:

First Name Middle Name Last Name

Mailing Address:

Street Address

Apartment Number

City State Zip Code

Date of Birth: ____/____/____ Male: ☐ Female: ☐ Non-Binary: ☐ Home Phone:

E-mail: _____

Cell Phone: _____

Emergency Contact: _____

Name Phone Relationship

EDUCATION

Current School or College: _____

Grade or year entering in Fall 2024: _____

Cumulative GPA: _____ (Please attach a copy of your transcript – unofficial copy is acceptable)

Are you considering the University of Wyoming as one of your options for undergraduate education? _____

LANGUAGE BACKGROUND

First Language(s) (spoken at home):

Other Languages Studied or

Spoken:

Language Years Studied Level of Proficiency

1. _____
2. _____
3. _____
4. _____

If you have studied or speak Arabic, please assess your proficiency in the following language skills:

	Native Speaker	Advanced	High Intermediate	Low Intermediate	Beginner
Listening					
Speaking					
Reading					
Writing					

Which dialect(s) of Russian have you studied? _____

PURPOSE STATEMENT

Please write a one-page "Statement of Purpose" on a separate page (attach it to this application) that explains why you want to participate in this summer Arabic Language Camp at UW and what you hope to gain from it. Please also comment on how this might fit into your plans for the future.

LETTER OF RECOMMENDATION

Please include with your completed application and "Statement of Purpose" essay a letter of recommendation from a teacher, professor, or someone other than a relative who knows you well. This letter should address your demonstrated interest in language and culture study and why the recommender believes you would be a good choice for participation in our summer program. If your recommender prefers to keep the letter confidential, they may direct it to Taelor Nielsen via email at tnielse5@uwyo.edu.

APPLICANT SIGNATURE

Signature Date

PARENTAL AUTHORIZATION (only needed if applicant is under 18 years of age)

Parent/Guardian Name: _____

Parent/Guardian Phone(s): _____
Home Phone Work Phone Cell

E-mail Contact: _____

Signing below indicates your willingness to permit the applicant (your dependent) to participate in the 2025 Arabic Language and Culture Camp at UW, if he/she is selected. If this applicant is selected, we will ask for confirmation of attendance no later than May 15th via e-mail.

Signature: _____ Date: _____