

# 2024 Wyoming High School Summer Arabic Camp

## APPLICATION FORM

Program Dates: July 13– 27, 2024

**Applications Reviewed on a Rolling Basis through May 1<sup>st</sup> or until Places are Filled**

Email as attachment to: [tnielse5@uwyo.edu](mailto: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 2023: \_\_\_\_\_

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 Arabic 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 Arabic program. If your recommender prefers to keep the letter confidential, they may direct it to Taelor Nielsen via email at [tnielse5@uwyo.edu](mailto: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 2024 Wyoming STARTALK Arabic Camp at UW, if he/she is selected. If this applicant is selected, we will ask for confirmation of attendance no later than May 15<sup>th</sup> via e-mail.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_