**WALTER G. ANDREWS GRADUATE STUDENT OTTOMAN SUMMER SCHOOL SCHOLARSHIP**

Please complete this form in full and

submit with your application by **February 18, 2023**

AATTsecretariat@gmail.com

attention: ilknur Lider, Executive Secretary AATT

PERSONAL INFORMATION

FIRST NAME:

LAST NAME:

ADDRESS:

TELEPHONE NUMBER:

EMAIL:

NATIONALITY:

CURRENT UNIVERSITY AFFILIATION

NAME of UNIVERSITY:

DEGREE PROGRAM:

CURRENT STAGE OF STUDY (specify your academic year)

Graduate:

List **all** Turkish and Ottoman Language Courses and Summer Programs Taken (including the names of instructors):

• I have read and accept all the conditions of the entry.

 • I consent to the AATT using my personal data for purposes of processing the award.

 Name & Signature: ……….

 Date: ………..