Enclosed is your application for the 5-week program of the Deutsche Sommerschule am Pazifik, including a scholarship application and a reference form. Specific information on dates and fees for the current session of the program are listed on our website and in the brochure. There is no specific deadline, and we process applications as we receive them. However, places in the program are limited, so early application is strongly recommended.

Instruction is offered at both the undergraduate and graduate levels. Graduate applicants must have completed a BA in German or the equivalent.

Applicants will be notified whether they are admitted within two weeks after all material has been received. By the end of May, admitted students will receive a packet of information giving details about the Sommerschule (transportation, what to bring, course descriptions, etc.).

Some limited scholarship funds are available to help defray the cost of tuition. Applicants who want financial aid should submit a completed application form. Please note that these applications are considered in order of receipt, so early application is strongly recommended.

The Deutsche Sommerschule am Pazifik supports the right of equal access to its classes by students with disabilities and makes every reasonable effort to ensure this access. Students with disabilities who require assistance should contact the assistant director at 503-725-5294, or toll free 1-800-547-8887 ext 5294, or email godfreyk@pdx.edu at least 45 days before the program begins.

Send all application materials to:

Kathie Godfrey
Deutsche Sommerschule am Pazifik
PO Box 751
Portland, OR 97207-0751

For more information or if you have questions:

Call 503-725-5294, or 1-800-547-8887 ext 5294, or email Kathie Godfrey at godfreyk@pdx.edu
Deutsche Sommerschule Am Pazifik application form -- 5-week program

NOTE: A $60 nonrefundable processing fee must accompany this application. Applications without the fee will not be considered. Please make your check payable to Portland State University.

All submissions (except as noted in the application instructions) must include a complete transcript and one completed reference form before application can be considered.

Last name      First name          Middle name

Current address   Street address or PO Box   City               State     Zip

Permanent address (on or after June 3)   Street address or PO Box   City               State     Zip

Email address          Current telephone number

PSU Student ID Number (if assigned)       Date of birth (month/day/year)  Female   Male

Please check the appropriate box (optional):    ☐ Black, non-Hispanic    ☐ American Indian/Alaskan Native    ☐ Asian
☐ Hispanic    ☐ White, non-Hispanic    ☐ Pacific Islander
☐ Decline to respond

☐ This is my first application for the Sommerschule.  ☐ I have previously attended the Sommerschule (last session attended  ).

I wish to apply for academic credit:    ☐ Undergraduate level    ☐ Graduate level

I wish to apply for a scholarship:   ☐ Yes    ☐ No   (If yes, please complete the scholarship application on page 6 of this form)

Reference name

☐ I will live on campus at the Deutsche Sommerschule am Pazifik.    ☐ Yes    ☐ No

Please note that students are generally expected to live on campus to gain maximum benefit from the immersion experience. Commuting students are required to pay a fee to cover lunches on class days, the closing banquet, all excursions, and curricular and extracurricular activities.

For office use only:    Date received:              
Application approved:              
Scholarship: $              

Check number:              
Student notified:              
QE submitted:              

2
Present schooling:
Institution ___________________________________________  Major ___________________________________________

Academic standing:  □ Freshman    □ Sophomore    □ Junior    □ Senior

Previous college or university (if applicable):
Institution ___________________________________________  Degree ________________  Graduation mo./year ____________

Graduate school (if applicable):
Institution ___________________________________________  Degree ________________  Graduation mo./year ____________

Undergraduate coursework completed in German (list current or latest completed coursework):
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Graduate coursework completed in German (list current or latest completed coursework):
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Present teaching position (if applicable):
Institution ___________________________________________  Subject/grade ____________________________

How did you hear about the Sommerschule?
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Person to contact in case of an emergency:

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Applicant's Signature ___________________________________________  Date __________________________
Statement of purpose

Applicant's name __________________________________________ Date ______________________________

Compose this statement of purpose in German without outside help. Please type or use a word processor.

The statement should address the following topics: your background in German, your reasons for wanting to participate in the program, and your expectations for your future use of the language.
Reference for applicants to the Deutsche Sommerschule am Pazifik -- 5-week program

Please fill in your name and date below.

Give this sheet to one of your recent German teachers who is acquainted with your degree of language skills. If you have not recently studied German, give the form to any qualified German speaker who knows you and can comment on your language ability.

Applicant's name ___________________________ Date _____________

To the reference:
This student is applying to the Deutsche Sommerschule Am Pazifik, a five-week intensive German language program. All classes and activities are conducted entirely in German and only German is spoken. Two years of college German (or the equivalent) is required for admission. In order to better evaluate the applicant, we would appreciate you rating his or her German language skills in the following categories.

- **Oral comprehension**
  - [ ] EXCELLENT
  - [ ] GOOD
  - [ ] FAIR
  - [ ] POOR

- **Speaking ability**
  - [ ] EXCELLENT
  - [ ] GOOD
  - [ ] FAIR
  - [ ] POOR

- **Writing ability**
  - [ ] EXCELLENT
  - [ ] GOOD
  - [ ] FAIR
  - [ ] POOR

- **Reading ability**
  - [ ] EXCELLENT
  - [ ] GOOD
  - [ ] FAIR
  - [ ] POOR

In your opinion, how will this candidate do in Sommerschule classes and extracurricular events conducted in German only?

_____________________________ Date ________________
Signature

_____________________________
Name

_____________________________
Position

_____________________________
Street address or PO Box

_____________________________
City

_____________________________
State

_____________________________
Zip

_____________________________
Email address

_____________________________
Telephone number

**Please return this form to:** Kathie Godfrey, Assistant Director
Deutsche Sommerschule am Pazifik
PO Box 751
Portland, OR 97207-0751
503-725-5294 or 1-800-547-8887 ext 5294
Scholarship application for Deutsche Sommerschule am Pazifik -- 5-week program

Note: Scholarships are limited and awarded to defray the cost of tuition only. All applicants are expected to contribute to the cost of attending the Sommerschule.

Applicant's name ___________________________________________ Date __________________________

Full-time and part-time students

Student status: □ Full-time student □ Part-time student
□ Independent □ Receive support from parents/others

Source(s) of income: ___________________________________________ Annual income: $ ____________

If married, spouse's occupation: ___________________________________________ Annual income: $ ____________

If support received from parents: Father's occupation ___________________________________________ Annual income $ ____________

Mother's occupation ___________________________________________ Annual income $ ____________

If you do not receive financial support from your parents, please indicate how you finance your education during the academic year (sources and amounts)

□ Grants $ ____________
□ Loans $ ____________
□ Work study $ ____________
□ Other $ ____________ (specify sources) ___________________________________________

If not currently a student, indicate your employment status and annual income

□ Employed full time □ Employed part time □ Not employed teacher □ Other ___________________________

Annual Income: $ ____________ Please indicate the maximum amount you can raise to attend: $ ____________

Please include any additional information you feel is relevant to your application for financial aid.

Applicant's Signature ___________________________________________ Date __________________________