



APPLICATION FOR THE DR. PETER WALLENBERG SCHOLARSHIP

The Dr. Peter Wallenberg Scholarship has been established in order to provide worthy Swedish students with the opportunity to attend Villanova University for one year. Consideration for this scholarship will be given to students who are completing or have recently completed their senior year in secondary school and seek to participate in this program prior to enrolling in higher education in Sweden. Students will primarily be evaluated on the basis of their academic achievements. This scholarship will be in an amount equal to tuition, room and board on campus, textbooks, round trip airfare and health insurance.

Please complete the application ON-LINE, SIGN and SUBMIT via email with required credentials

Prefix _____	Last Name _____	First Name _____	Middle Name _____	Suffix _____
Date of Birth (MM / DD / YYYY) _____			Gender: <input type="checkbox"/> Female	<input type="checkbox"/> Male
Permanent Home Address – <i>Number and Street</i> _____			Apartment # _____	
City/Town _____			Zip/Postal Code _____	Country _____
Student e-mail (<i>required</i>) _____			Phone number – <i>include country/city code</i> _____	
Current secondary school _____			Date of graduation _____	
Academic area of interest at Villanova University: _____				
Have you previously traveled to the United States? _____			If yes, please provide visa type (_____) and the purpose to travel: _____	

CHECKLIST OF REQUIRED CREDENTIALS

- ___ Copy of your most recent academic transcript
- ___ Letter of recommendation from an academic advisor
- ___ Proof of proficiency in English (either SAT, ILETS, TOEFL results or Cambridge ESOL Level 3/C2)
- ___ Personal statement or essay, of no more than one page indicating your desire to be considered for the scholarship

MUST BE READ AND SIGNED: I certify that I have provided accurate information on this application, that the writing sample and other materials submitted as my own are indeed my original work, and I authorize the verification of my credentials for admission. Accordingly, I understand and agree that any misrepresentation or omission of facts in my application will justify the denial or the rescission of the **APPLICATION FOR THE DR. PETER WALLENBERG SCHOLARSHIP**. If I am admitted to Villanova University, I understand and agree that the University may rescind my admission at any time during the admission process and prior to my enrollment in the event that I should engage in conduct or behavior which, in the University’s judgment, would constitute a violation of the University’s Code of Conduct. We, the undersigned, agree that all information supplied in this application and in any documents received in connection with this application becomes and shall remain the property of Villanova University and, except as required by law, the undersigned shall have no rights with respect to such documents or to the information contained therein. The undersigned have been advised that, in the event that the applicant shall be admitted to and shall attend the University, their rights regarding the records of the applicant are those set forth in the Student Handbook, which is distributed by the University to duly enrolled students.

Applicant Signature (Required) _____ Date _____
I have read and agree to the above statement.

Parent/Guardian Signature (Required) _____ Date _____
I have read and agree to the above statement.

Return completed application, credentials and essay by April 1 of year planning to enroll
 via email to candice.keith@villanova.edu
 with the subject line of **WALLENBERG Application**