



ÍSLENSK-AMERÍSKA FÉLAGIÐ

**APPLICATION TO ATTEND A SUMMER PROGRAM IN THE ARTS
at the
HAYSTACK MOUNTAIN SCHOOL OF CRAFTS**

Please return the application and other material to: **Íslensk-ameríska félagið
Pósthólf 320
121 Reykjavík, Ísland**

This application and all supporting materials must be typed in English.

Name: _____

Current Address: _____

Telephone: _____ E-mail: _____

I.D. Number (kennitala): _____ Citizenship: _____

Marital status (if married, name of spouse) _____

Education and Experience:

List educational institutions attended, and any in which you may have enrolled

Name of Institution: Dates (years): Name of Degree: Date received: Final Marks:

Profession:

Present Position: _____ Field of Specialization: _____

Workplace/School: _____ Title: _____

Past Positions (title/when/where) _____

Session applied for:

