

THE SNORRI PROGRAM



Application Form

Summer of 2019

www.snorri.is

Fill in all 8 pages of the form and email to The Snorri Program at info@snorri.is on or before January 9, 2019. Please notify us by e-mail.

Applicant Information

Name:

Surname:

Date of Birth:

Male

Female

Permanent Address:

(incl. postal code/state/province/country)

Temporary Address:

(incl. postal code/state/province/country)

E-mail:

Website/Facebook:

Telephone *(incl. area code)*:

Health Information

Do you have any medical conditions? *Please describe.*

Have you taken any prescribed medications in the prior 12 months?

Please provide the name of the medication and reason why it was prescribed.

Do you have any special health considerations? *allergies, disabilities, etc.*

Special diet, vegetarian, vegan, etc.

Other relevant health information

Contact Person in Canada or the United States in Case of Emergency

Name:

Surname:

Home phone:

Cell phone:

Work phone:

E-mail:

Relationship:

Educational Background

Name of school/college/
university and its location

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Specify your degree, year
& status if not graduated

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Work Experience *(name all jobs you have had if possible; full and part time)*

Employer

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Job description *(including time period)*

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Your Plans for the Future

Please write a few words about your plans for the future *(educational and personal, at least 100 words)*

Extracurricular Activities / Community or School Involvement

What

Where and why

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Languages

Put a number for your ability to speak, write, read and understand Icelandic
(and other languages if applicable).

Icelandic

Other language:

Other language:

Other language:

Please answer the following questions

Have you been to Iceland? No Yes

If yes, where, when and for how long?

Have you taken a course in Icelandic? No Yes

If yes, where, when and for how long?

Your Interests and Lifestyle

Please describe your hobbies and interests briefly. (60 - 100 words)

Your Expectations

Please describe in your own words your expectations for visiting Iceland and what you hope to gain from participating in the Snorri Program. (100–300 words)

Various Questions

Please answer them all as honestly as you can.

1. Have you been involved with an Icelandic Club in your area? Yes No

If YES, are you a member? Yes No

If NO, please describe why.

Other comments?

2. Would you be willing to conclude an online Icelandic course before arrival?

Yes No Why?

3. Why should you be chosen as a participant of the Snorri Program?

4. Participants are usually sent to the area where their ancestors came from (for three weeks). Would you be willing to stay on a farm or in a small town?

Yes No If NO, why not?

5. Do you have a driver's licence? Yes No

Icelandic Emigrant Ancestors

It is IMPORTANT to be VERY precise!

| Full name <i>(last name not enough)</i> | Emigrated from which part of Iceland | Year of emigration | How related to you? <i>(i.e. through whom)</i> |
|--|---|-----------------------|---|
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Known Relatives in Iceland

Be as precise as possible!

| Full name <i>(last name not enough)</i> | Address & Town <i>(phone number and email if possible)</i> | How related to you? <i>(i.e. through whom)</i> |
|--|---|---|
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Please note that The Snorri Program Manager will contact your relatives for you and will have final say in where you stay and work for the 3-week family and work period. If you have any special wishes please write them below:

Your Family Tree

Please put in the names and patronymics/surnames of your family members. Check the box by the name of your emigrant ancestors. Be as precise as possible and put one name in each field, including date of birth for each person. You must fill in this page completely, even if you send additional pages/information.

You

Your parents

Your grandparents

Your great grandparents

Your great great grandparents

Flight Information

City/airport of departure in Canada or the United States

Preferred flight with Icelandair from North America

Date of departure from Iceland

Date of departure is July 26. *Please mark with an X to confirm.*

Other departure date requested, specify:

Why do you need to extend your trip?

Passport Information *(please include a scanned copy of your passport with your application)*

Passport name:

Passport #:

Passport expiry date:

References *(at least one is required)*

I have attached references from my school/University and/or work.
(References in a closed envelope mailed or emailed directly from your school or employer to The Snorri Foundation is preferred)

Personal references may be submitted but one other *(not personal)* is required should your application be considered

The Snorri Foundation

Put a mark in the box if you would like to apply for a personal grant from the Snorri Foundation

I hereby confirm that the Snorri Foundation may use my personal information to give to my host family/relatives, to work on my genealogical information, and when seeking a voluntary/work placement, should I be accepted.

Is there is any information that was not covered in the application?
Please list it here *(optional)*