

SNORRI WEST



Application Form

Summer of 2019
www.snorri.is
www.inlofna.org

The Snorri West Program is a collaborative effort between the Snorri Foundation in Iceland and the Icelandic National League of North America.

Fill in all 7 pages of this form and email to both the Snorri Foundation at info@snorri.is and snorriwestna@gmail.com on or before February 22, 2019.

Applicant Information

Name: _____ Surname: _____
Date of Birth: _____ Male Female
Address: _____ E-mail: _____
Telephone (*incl. area code*): _____
Website/Facebook: _____

Health Information

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 Iceland in Case of Emergency

Name: _____ Surname: _____
Home phone: _____ Cell phone: _____
Work phone: _____ E-mail: _____
Relationship: _____

Educational Background

Name of school/college (menntaskóli) /university and its location

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

Job description *(including time period)*

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Extracurricular Activities / Community or School Involvement

What

Where and why

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Languages

Rate your ability to speak, write, read and understand English *(and other languages if applicable)*.

English

Other language:

Other language:

Other language:

Please answer the following questions

Have you travelled to North America? No Yes

If so, when and where?

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

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 North America and what you hope to gain from participating in the Snorri West Program. *(100–300 words)*

Your Plans for the Future

Please write a few words about your plans for the future *(educational and personal, at least 120 words)*

Icelandic Emigrant Ancestors

It is IMPORTANT to be VERY precise!

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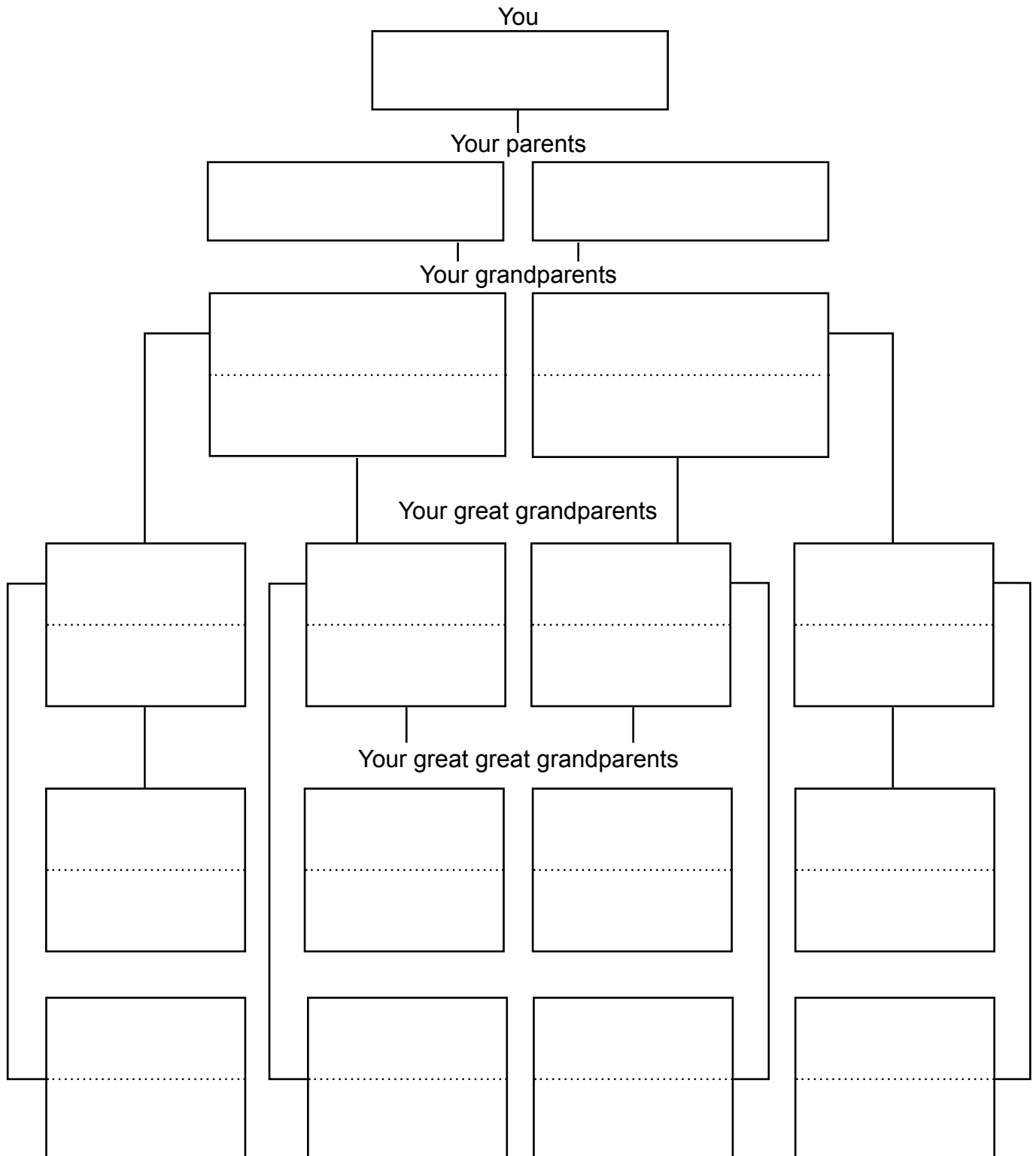
Known Relatives North America

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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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.



References *(at least one is required.)*

References will be sent directly from my school/University and/or work.

A reference must be emailed or sent directly from your school or employer to both info@snorri.is and inl@mts.net. References must be received by the application deadline of Friday, February 23, 2018

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

Is there is any information that was not covered in the application?

Please list it here *(optional)*

I hereby confirm that the INLNA, the Snorri Foundation and/or Snorri West may use my personal information to give to my host families, to look for my relatives within the Icelandic community in North America, and to work on my genealogical information, should I be accepted.