

## Deutscher Akademischer Austauschdienst German Academic Exchange Service

871 United Nations Plaza, New York, NY 10017-1814 TELEPHONE: (212) 758-3223 FAX: (212) 755-5780 EMAIL: daad.newyork@daad.de INTERNET: http://www.daad.org

## Émigré Memorial German Internship Program EMGIP - Bundestag

Last Name	First Name					
Date of Birth mm/dd/yyyy Female Male	Place of Birth					
Nationality Country of Permanent Reside	ncy					
CURRENT MAILING ADDRESS:	Until what date?					
Street						
City, State/Province, ZIP, Country						
Phone Email						
Dates of Proposed Stay in Germany (2 months, please give 2 d	dates in order of preference)					
Canadian/US university Current Status (Junior	r, Grad. Student, etc.)					
Major/Specialization	Minor					
PERMANENT MAILING ADDRESS:						
Street						
City, State/Province, ZIP, Country						
APPLICANT'S COMMAND OF LANGUAGES						
German: Good Fair Poor None Number of years of college level instruction						
(Applicants MUST attach a DAAD Language Evaluation Form)						
Other Languages:						

## **HOW DID YOU LEARN ABOUT THIS PROGRAM?**

PREVIOUS VISITS TO THE FEDERAL REPUBLIC OF GERMANY						
Year	Place	Purpose	Sponsor			
OTHER VIS	THER VISITS ABROAD					
Year	Place	Purpose	Sponsor			
EDUCATIO	<u>N</u> Date of hi	gh school graduation:				
Post-second	dary education:					
Dates	Institu	tion	Field			
Degrees red	ceived:					
Date	Type of degree	Degree-granting institution	Field			
Degrees Ex	pected:					
Date Type of degree Degree-granting institu		Degree-granting institution	n Field			
Academic F	lonors Received:					
CAREER PLANS (please elaborate in your essay)						

<u>PROFESSIO</u>	<u> ONAL EXPERIENCE (if a</u>	<u>ipplicable)</u>		
Dates	Institution	Position	Fie	ld
HAVE YOU	RECEIVED A DAAD SC	HOLARSHIP OR GRANT I	N THE PAST?	
Name of gra				Date
WHAT OTH	ER SCHOLARSHIPS OF	R GRANTS HAVE YOU RE	CEIVED IN TH	IE PAST?
Name of gra				Date
3				
ARE YOU A	PPLYING FOR ANY OT	HER PROGRAMS IN THE	TIME PERIOD	YOU DESIGNATED FOR
THE EMGIP	NTERNSHIP?			
				_
NAME, ADD	RESS AND TELEPHON	E NUMBER OF PERSON(	S) TO BE NOT	IFIED IN CASE OF EMERGENCY
L CEDILE	V THAT THE INCO	MATION DROVIDED	IN THE A	PPLICATION IS COMPLETE
_	_		_	HER, I AGREE TO INFORM
THE DAA	D OF ANY CHANGE	S.		·
		s will be listed on the I	DAAD websi	te and may be used otherwise
for media	outreach.			
Signature			City	Date
Signature	•		City	Date
THIS APP	PLICATION MUST B	E TYPED AND SUBM	ITTED PER	EMAIL TO: GRANDEL@DAAD.DE