



NOSTOS Application Form 2025

PERSONAL DETAILS

(The name you give on your application should correspond exactly with that written on all official documents which you will be required to produce as evidence of identity).

FIRST NAME	
LAST NAME	
FATHER'S NAME	
MOTHER'S NAME	
GENDER	
DATE OF BIRTH <i>(DD/MM/YYYY)</i>	
NATIONALITY <i>(as written in your passport)</i>	
PASSPORT or ID NUMBER	

CONTACT DETAILS

HOME ADDRESS	Address:
	City:
	Province/County:
	State:
	Zip Code (or Postal Code):
E-MAIL ADDRESS <i>(please, fill in an e-mail address where you may be contacted at any time)</i>	Country:
PHONE NUMBER <i>(please, include international and area codes)</i>	
MOBILE PHONE NUMBER	

EMERGENCY CONTACT DETAILS

FIRST/LAST NAME	
HOME ADDRESS	Address:
	City:
	Province/County:
	State:
	Zip Code (or Postal Code):
E-MAIL ADDRESS	Country:
PHONE NUMBER <i>(please, include international and area codes)</i>	
MOBILE PHONE NUMBER	

EDUCATION

EDUCATIONAL INSTITUTE			
DEPARTMENT			
SCHOOL			
FROM (DD/MM/YYYY)		TO (DD/MM/YYYY)	
DEGREE			
GRADE			

EDUCATIONAL INSTITUTE			
DEPARTMENT			
SCHOOL			
FROM (DD/MM/YYYY)		TO (DD/MM/YYYY)	
DEGREE			
GRADE			

LANGUAGES

LANGUAGE	
CERTIFICATE <i>(if the above language is your mother tongue, please indicate)</i>	
DATE AWARDED (DD/MM/YYYY) <i>(does not apply in case of mother tongue)</i>	
GRADE <i>(does not apply in case of mother tongue)</i>	

LANGUAGE	
CERTIFICATE <i>(if the above language is your mother tongue, please indicate)</i>	
DATE AWARDED (DD/MM/YYYY) <i>(does not apply in case of mother tongue)</i>	
GRADE <i>(does not apply in case of mother tongue)</i>	

ACADEMIC INTERESTS

1.
2.
3.

PERSONAL STATEMENT *(optional)*

(maximum 250 words)

REFERENCES

(Please provide the contact details of two referees, who will be willing to testify on your suitability for applying to this program. At least one reference must be from an academic referee who is in a position to comment on the standard of your academic work and suitability for study abroad).

REFEREE 1

NAME	
SURNAME	
POSITION/TITLE	
ORGANIZATIONAL AFFILIATION	
ADDRESS <i>(Please include street number, city, country and postal code)</i>	
E-MAIL ADDRESS	
PHONE NUMBER <i>(please include international and area codes)</i>	

REFEREE 2

NAME	
SURNAME	
POSITION/TITLE	
ORGANIZATIONAL AFFILIATION	
ADDRESS <i>(Please include street number, city, country and postal code)</i>	
E-MAIL ADDRESS	
PHONE NUMBER <i>(please include international and area codes)</i>	

SUMMER PROGRAM HOUSING QUESTIONNAIRE

<p>Experience with a non-U.S. culture: <i>Do you have extensive experience with a culture other than U.S. American cultures? If yes, please, elaborate.</i></p>
<p>Three personal goals for your studies abroad: <i>What are your three most important learning goals or objectives for your time abroad?</i></p> <p>1.</p> <p>2.</p> <p>3.</p>
<p>Siblings: <i>Do you have any siblings? If yes, please indicate their age(s) and their gender(s):</i></p>
<p>Allergies for housing consideration: <i>Do you have any allergies that should be taken into consideration when assigning you to housing? If yes, please explain.</i></p>
<p>Dietary Restrictions: <i>Do you have any dietary restrictions? If yes, please explain.</i></p>
<p>Roommate Preferences: <i>Do you have any roommate preferences?</i> <i>**Please note that we cannot guarantee that we can match your living/roommate preferences</i></p>
<p>Hobbies/Activities: <i>Please list your hobbies/activities:</i></p>
<p>Sports: <i>Please, list sports in which you participate:</i></p>
<p>Preference for your living arrangement: <i>Please describe any personal preferences or dislikes concerning your living situation abroad.</i></p>

MEDICAL INFORMATION FORM

Instructions: It is important to the success of your experience abroad that your host program/institution be aware of your health-related needs and/or concerns. We encourage you to be proactive about health concerns while abroad by discussing them early on with a health or disability counselor on campus and with the on-campus coordinator. Accommodations you receive in the United States may not be available at your host program/institution. This information is sought to help you and your host institution explore the availability of appropriate medical and psychological services abroad, including medications. Please feel free to share with us the following information. Please note that based upon the information you provide, you may be asked to provide further documentation from your health care provider before we authorize your participation. Please note that some prescription drugs may not be legally obtainable or readily available in some countries. If you are currently taking a prescription drug on a regular basis, it is YOUR responsibility to take these factors into account as you prepare for studying abroad.

<p>Primary Care Physician (name and phone number). <i>If you do not do not have a primary care physician, please reply with N/A.</i></p>
<p>Mental Healthcare Provider/Counselor (name and phone number) <i>If you do not do not currently have a mental healthcare provider, please reply with N/A.</i></p>
<p>Insurance Company Name and Policy Number:</p>
<p>Are you taking any medications on a regular basis? <i>Please, identify the medication(s), dosage and frequency and the condition/illness for which the medication is needed:</i></p>
<p>Do you anticipate needing any special accommodation(s) on site (including physical or academic)? If so, please describe below.</p>
<p>Do you have any chronic health conditions (i.e., diabetes, asthma, seizure disorders)? <i>Please, describe:</i></p>
<p>If you responded "yes" to the above, does this condition require treatment? <i>Please, describe the treatment, including any medications:</i></p>
<p>Do you have any allergies that require medical treatment? <i>Please, describe the allergy(ies) and the treatment(s), including medications:</i></p>
<p>Do you have any specific dietary restrictions? <i>Please, describe:</i></p>

HOW DID YOU LEARN ABOUT THE FIELD SCHOOL?*(please, check on the left-side column all that may apply)*

	Study In Greece (official portal of Greece)
	Website of the Mycenaean Foundation
	Website of the Hellenic American Academy
	FB
	Instagram
	Twitter (X)
	Tik-Tok
	Email
	Newspaper ad - please, list newspaper(s):
	Other <i>(please, explain)</i> :

FINANCIAL ASSISTANCE Please, check the box if you wish to apply for financial assistance.

Please, note that if you apply for financial assistance, you may be requested to provide financial documents and academic transcripts to establish financial need and academic excellence.

PERSONAL DATA PRIVACY STATEMENT

By signing and submitting this application form I understand and acknowledge that my personal data recorded on this form will be retained in the archives of the Hellenic American Academy and the Mycenaean Foundation for a period of two years for operational purposes, processing, contact, and evaluation inquiries. Pursuant to our Personal Data Privacy Policy, the application form will be securely stored during the retention period and will be destroyed after the end of the retention period.

I also grant permission for the Hellenic American Academy and the Mycenaean Foundation to archive my contact information (name, address, email, phone number), which may be used for the annual newsletter and special program offers as well as for statistical purposes.

CONSENT FOR USE OF PHOTOS & QUOTATIONS

By signing and submitting this application form I give permission for the Hellenic American Academy and the Mycenaean Foundation to use my likeness in a photograph, video, or other digital media as well as my quotations in any and all of their publications, including promotional material and web-based publications, for which they may be suitable, without payment or other consideration.

FINISH THE APPLICATION

√	<i>I CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE.</i>
FIRST/LAST NAME (student participant)	SIGNATURE
FIRST/LAST NAME (student's parent or legal guardian, if applicable)	SIGNATURE
DATE	

Save the Application Form as pdf file, name it "**application_form_NOSTOS2025_YourLastName**" and email it to Mrs. Effie Gountanis Effie.gountanis@haamail.net (cc mycenaeanf@gmail.com) together with a scanned copy of your passport photo page and the signed/dated Waiver Form