Studium Visiting Scholars Program Application

(Check one)	_Resident Scholar	Day S	Scholar	
Name				
Address				
Phone Number(s)	Work	Home	Cell	
Email Address				
-	_		ns may be for anywhere from a e are options, please indicate)?	ı week
Do you have any spe	cial needs (physical,	dietary or other	needs) of which we should be	aware?
		•	number of one person who can le a personal reference.	provide
Professional Referen	ice			
Name				
Address				
Email Address		Phone Nur	_ Phone Number(s)	
Personal Reference				
Name				
Address				
Email Address		Phone Nur	_ Phone Number(s)	
• •	hat you will be able		pplication. Submission of this um fee for the period of time y	ou wish

Director of Studium Saint Benedict's Monastery 104 Chapel Lane St. Joseph, MN 56374

Resident Visiting Scholar:

Per day: \$65 (no meals provided) or \$90 (meals included)
Per week: \$425 (no meals provided) or \$600 (meals included)
Per month: \$1,950 (no meals provided) or \$2,500 (meals included)

If your application is accepted for a month-long stay or longer, you will be expected to send a \$100 deposit to confirm your place. It will be 50% refundable with five (5) days' notice.

Day Visiting Scholar: \$250/month

If you have questions about the application process, contact the director of Studium at (320) 363-7172 or studium@csbsju.edu.

Project Statement: Please describe here, in 300 words or fewer, the project you would be working on while at Studium.

Why is Studium the setting in which you wish to work on this project?