## **Pylos Geoarchaeological Field School 2025**

## **Application Form**

Thank you for your interest in the Pylos Geoarchaeological Field School 2025. Please complete the application form below to be considered for participation. Spaces are limited, and applications will be reviewed on a rolling basis.

| Personal Information                                       |  |
|--|--|
| Full Name:   |  |
| Date of Birth (DD/MM/YYYY):                                |  |
| Nationality:   |  |
| Passport/ID Number:  |  |
| Email Address:   |  |
| Phone Number (including country code):                     |  |
| Current Address:   |  |
| Academic Background  |  |
| University/Institution:                                    |  |
| Degree Program (e.g., Archaeology, Anthropology, History): |  |
| Current Year of Study:                                     |  |
| Relevant Courses or Experience (if applicable):            |  |
|  |  |
|  |  |
| Work Experience  |  |
| Date From/To:  |  |

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| Certific | eate:   |
| tatem    | ent of Interest   |
| Please   | provide brief responses to the following questions.)  |
| 1.       | Why do you want to participate in the Pylos Geoarchaeological Field School?                     |
|          |   |
|          |   |
|          |   |
| 2.       | What skills or knowledge do you hope to gain from this experience?                              |
|          |   |
| 3.       | Do you have any prior fieldwork or research experience? (Not required but encouraged to share.) |
| ••••     |   |
|          |   |
| 4.       | How do you see this program contributing to your academic and professional goals?               |

| Medical & Emergency Information   |
|---|
| Do you have any medical conditions or allergies we should be aware of?  □ No □ Yes (please specify):  |
| Do you have any dietary restrictions due to medical conditions?  □ No □ Yes (please specify):   |
| Emergency Contact Person:   |
| Relationship to You:  |
| Emergency Contact Phone Number:   |
| Funding & Scholarships  |
| Would you like to be considered for a discount or scholarships?  ☐ Yes ☐ No If yes, please specify which funding option(s) you are applying for (e.g., Full Scholarship in  |
| memory of Professor Nikolaos Zacharias):  |
|   |
| Agreement & Signature   |
| By submitting this application, I confirm that all the information provided is accurate and complete. I understand that acceptance into the program requires payment of the tuition fee unless granted a scholarship. I also acknowledge that I will adhere to all program guidelines and policies.   |
| I also understand that my personal data will be processed in compliance with the <b>General Data Protection Regulation</b> (GDPR). My information will be used solely for the purpose of application review, selection, and program administration. I consent to the storage and processing of my data for these purposes and understand that I can request its deletion after the program concludes. |
| Signature:  |

| Date: | <br> | <br> |
|-------|------|------|
|       |      |      |

## **Submission Instructions**

Please submit your completed application form along with any required documents (e.g., academic transcript, CV, scholarship supporting documents) via email to <a href="mailto:geapp.summerschool@gmail.com">geapp.summerschool@gmail.com</a>.

For further inquiries, contact us at:

**№** geapp.summerschool@gmail.com

**(** +30) 27210 65145

⇔ <a href="http://culttech.uop.gr/geapp.html">http://geapp.uop.gr/</a>

We look forward to your application and hope to welcome you to Pylos in Summer 2025!