District 2 Sons of Norway

SOFIE/OLSON MEMORIAL SCHOLARSHIP APPLICATION FORM

Instructions of applicant:

√ Complete this form
√ Answer questions 1 and 2 below
√ Mail completed application to: Sons of Norway – District Two
c/o Laurie Berg, Youth Director
Scholarship Committee Chair
913 241 PL SW
Bothell, WA 98021

√ Must be postmarked no later than **April 15.** Scholarship recipients will be notified after May 1

Applicant's Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (____)_____ E-Mail _____

Birth Date _____Birth Place _____ Male _____ Female____

Name and relationship of relative who is a member of District 2 Sons of Norway

Name _____ Relationship to applicant _____

Address _____City _____ State _____

Lodge Name_____ Lodge # 2-_____ Membership # _____

Have you completed an application for the camp of your choice? Yes ___ No ___

Which Camp? Normanna ___ Nidaros ___ Trollhaugen ___

Have you received a scholarship to attend this year's camp from any other source (e.g., lodge)?

No ___ Yes___ if yes, please include the source _____

Are financial concerns a reason for applying for this scholarship? Yes ___ No ___

Please submit your answers to the following questions in the form of a few sentences on a **separate piece of paper** and attach to this application. **Sentences must be written by the camper/applicant!**

1. What Sons of Norway cultural and heritage activities interest you and which do you participate in?
2. Why do you want to attend a Sons of Norway youth camp?

I hereby certify that the above statements are true and accurate to the best of my knowledge.

_____

Parent/Guardian Printed Name Signature Date