

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 Chris Hicks, Youth Director
Scholarship Chairperson
816 214th ST SW
Lynnwood, WA 98036

√ Must be Post marked by April 15th Scholarship recipients will be notified after May 1, 2009

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 _____ Lodge # _2-_____ Membership # _____

Sponsor's name printed

Signature

Date

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

Have you been accepted? 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 on a separate piece of paper and attach to this application

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