



District 5

SONS OF NORWAY DISTRICT LODGE 5
\$1,000.00 INTERNATIONAL SUMMER SCHOOL
2017 SCHOLARSHIP APPLICATION
(One scholarship Offered Each Year)

Send application postmarked by March 15, 2017, to Cheryl Wille-Schlesser, District 5 Youth Director, 200 Beth Circle, Mt. Horeb. WI 53572-1645. Contact: 608-219-4464 or rogcher@mhtc.net.

Please complete this application in your own handwriting. Answer all the questions and use additional sheets of paper, if needed.

PERSONAL INFORMATION

Name: _____ Date of Birth _____
Address: _____ City, State, Zip: _____
Phone: _____ E-mail: _____
College Attended: _____

APPLICATION CHECKLIST. Use this checklist to make certain you are completing and submitting a thorough application and have done so in the proper timeframe.

- I have entered all of my personal information above.
- I have included a copy of my latest college transcript.
- I have entered all of the Sons of Norway membership and lodge information.
- I have entered all of the Sons of Norway insurance information.
- I have completed an application and have been approved for International Summer School by St. Olaf College.
- I have asked St. Olaf College to send a copy of my approved application to the District 5 Youth Director.
- I understand I must fund expenses for the International Summer School, to include travel to and from Norway, in excess of those covered by this scholarship.
- I understand that this scholarship is non-transferable.
- I have responded to all the questions on this application.
- I have completed the supporting narrative entries (on the reverse side).
- I understand District 5 will not consider applications that are incomplete or those that arrived late.
- I have signed, dated, and have sent this application by or before the specified deadline.

BASIC QUALIFICATIONS.

1. You must have completed at least two years of college and maintained a minimum "C" grade average.
2. You, parent, grandparent, aunt, or uncle must be a benefit member of a lodge within District 5, and the membership must have been in effect for one calendar year prior to this application.

S/N Member Name (if other than self) and Benefit Number _____

Qualifying products: Nordic Elite, Viking Voyager, Term product, or Annuities (\$2,000 minimum)

S/N Lodge Name and Number: _____

3. The admissions office at St. Olaf College must accept your application to the Internationalo Summer School. Please ask St. Olaf College to send a copy of your acceptance to the District 5 Youth Director.
4. We expect you to provide the balance of funds needed for this six week experience, as well as the other costs of the trip to Norway.
5. This scholarship is nontransferable.

GENERAL QUESTIONS.

When feasible, will you be willing to participate in heritage or cultural events in District 5? _____

Have you been active in Sons of Norway or other Scandinavian organization or activities such as Norwegian dancers, Nordic choirs, the Barnebirkie, or Masse Moro? Please specify.

SUPPORTING NARRATIVES.

Why do you choose to study in Norway? _____

How do you expect to apply this experience in the future? _____

Please include a minimum of three benefits District Five should realize from your summer school session.

Upon completion of summer school and return to the U.S., I agree to provide a report of my experience:

***At a meeting of my local Sons of Norway lodge**

***In a written report to the District Five Youth Director, for publication and any other use determined by the District Five Board.**

My signature on this application verifies that I have completed all entries, agree to all stipulations, and have supplied all documents required as listed and cited in this document.

Signature of Applicant

Date of Filing