



District 5

SONS OF NORWAY DISTRICT LODGE FIVE
\$1000.00 INTERNATIONAL SUMMER SCHOOL
2018 SCHOLARSHIP APPLICATION
(One Scholarship Offered Each Year)

Send application postmarked by March 15, 2018, to Cheryl Wille-Schlesser, District Five Youth Director, 200 Beth Circle, Mount Horeb, WI 53572-1645. Contacts: cell (608) 219-4464 or E-mail: rogcher@mhtc.net

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

PERSONAL INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

College attended: \_\_\_\_\_

APPLICATION CHECKLIST To assure you submit a complete and timely application, please place a check for the following items as you complete them.

- ( ) I have entered all 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 been approved for International Summer School attendance by St. Olaf College.
( ) I have asked St. Olaf College to send a copy of my approved application to the District Five 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 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 Five will not consider applications which are not complete or submitted by the deadline.
( ) 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. Send a copy of your latest transcript.
2. You, a parent, grandparent, aunt or uncle must be a benefit member of a lodge within District Five, 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 Number: \_\_\_\_\_

S/N Policy Name and Number\*: \_\_\_\_\_

\*S/N products which qualify include: Nordic Elite, Term product, Viking Voyager and Annuities (\$2,000 minimum.)

S/N Lodge Name and Number: \_\_\_\_\_

- 3. The admissions office at St. Olaf College must accept your application to the International Summer School. Please ask St. Olaf College to send a copy of your acceptance to the District Five Youth Director.

4. We expect you to provide the balance of the funds needed for the six week summer school, as well as the other costs of the trip to Norway.

5. This scholarship is non-transferable.

**GENERAL QUESTIONS**

When feasible, will you be willing to participate in heritage or cultural events in District Five? \_\_\_\_\_

Have you been active in Sons of Norway or other Scandinavian organizations or activities, such as Norwegian dancers, Ski for Light or Masse Moro Norwegian Heritage Camp? Please specify:

\_\_\_\_\_

**SUPPORTING NARRATIVES**

Why do you choose to study in Norway? : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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Please include benefits District Five should realize from your summer school session.

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**Upon completion of summer school and return to the US, 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 I have completed all entries, agree to all requested stipulations, and have supplied all documents required, as listed and cited in this document.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**