



**Sons of Norway District 5 Lodge**  
**\$1000.00 INTERNATIONAL SUMMER SCHOOL**  
**2023 SCHOLARSHIP APPLICATION**

*(One Scholarship Offered Each Year)*

Application must be postmarked by March 15, 2023.

Send to: Lisa Rove-Williams  
District 5 Youth Director  
771 W. Dresser Rd.  
DeKalb, IL 60115

Contact: (815) 751-8447 or [rovewilliams@comcast.net](mailto:rovewilliams@comcast.net)

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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 my expenses for the International Summer School, to include my 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 next page and add additional pages, if necessary).
- ☐ ( ) 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.

**Applicant Name: (please print)** \_\_\_\_\_

**Basic Qualifications:**

1. Completed at least two years of college and maintained a minimum "C" or 2.0 grade point average.

*You must include a copy of your most recent transcript.*

2. You, a parent, grandparent, aunt or uncle **must be a benefit member** of a Sons of Norway Lodge within District Five, and the membership must have been in effect for one calendar year prior to this application.

Sons of Norway Member Name (if other than self) and Number \_\_\_\_\_

Sons of Norway Policy Name and Number\*: \_\_\_\_\_

**\*Sons of Norway products which qualify include: Nordic Elite, Term product, Viking Voyager & Annuities (\$2,000 minimum.)**

Sons of Norway 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 this acceptance to the District Five Youth Director).

4. You are responsible 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:**

Following your summer school experience, will you be willing to share your experience at a District Five event:

\_\_\_\_\_

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

Please specify: \_\_\_\_\_

\_\_\_\_\_

**Supporting Narratives:**

Please tell us why you would like to study in Norway \_\_\_\_\_

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Please tell us how you would like to apply this experience to your future \_\_\_\_\_

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

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\_\_\_\_\_

Upon completion of this summer school and when I return to the United States, I agree to provide an account of my experience: 1.) at a meeting of my local Sons of Norway Lodge; 2) and 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 stipulations and supplied all documents required as listed and cited in this document.

**Signature**

**Date**