





## 2025 Sons of Norway – District 5 Academic Scholarship Application

## Olav J. Eide Scholarship Cyril K. Wittrock Scholarship District 5 Academic Scholarship

Name (please print):		<u>-</u> - <u></u>	
Address:			
City, State, Zip Code:			
Phone Number:	E-mail:		
Post-secondary school you are/or planning	g to attend:		
Field of study or major:	C	Current Year in School:	
Policy* Member's Name	Lodge	Relationship:	
Name or Type of Policy	of Policy Policy #		
Applicant must meet the following crite  1. Applicant must be a full-time college s average (GPA) or better, who plans to a university, community college, or techn  2. Applicant, or their parent, grandparent, a. Sons of Norway benefits or policy b. Member's policy must have been in	tudent or a high school senior, wi attend or is attending an accredite nical school). aunt or uncle must be a <b>policy</b> * include: an investment, insurance	th a minimum of a 2.0 grade point ad post-secondary school (college, or <b>benefit</b> member of a District 5 Lodge. se and/or annuity.	
Applicant must submit required docum  1. Include a copy of current official transc			

- 1. Include a copy of current official transcript indicating a minimum of a 2.0 GPA overall average or better. Transcript must include: applicant's name, current school, classes completed and overall grade point average.
- 2. Write a paragraph in your own words for each of the topics below:
  - your involvement in extra-curricular activities and/or work experiences while attending school and what have you learned and describe how you have applied this knowledge to your life.
  - describe a learning experience that you had during high school or college which you found to be significant in your life; and did this experience affect your choice of a future career path?
  - your involvement in your community and how has it influenced your life.
  - list and describe the Sons of Norway activities you have participated in during the past year.
  - describe your knowledge of your Norwegian heritage and how has this influenced your life.
  - describe the goals you have set for yourself as you continue to further your education.

## **Application Checklist:**

	١.	Complete this application.
	2.	Confirm your eligibility by adding the name of the member and policy number.
3	3.	Include a copy of your most current transcript.
	1.	Write in your own words a paragraph for each of the six topics above.
:	5.	All required documentation must be received by mail or email on or before March 15.

**Scholarship Recipients:** If chosen for one of the above scholarships, you will be notified and you may be asked to mail or email a copy of your spring *official* transcript to the District 5 Youth Director.

Note: Applicants are eligible for only one scholarship per year and can receive no more than four scholarships.

Scholarship Application Deadline must be received on or before: March 15, 2025

Mail or email this completed application form and application letter to:

Robert Schuck SoN District 5 Youth Director N6011 State RD 70 Winter, WI 54896