



2026 Application for International Summer School Scholarship

(One \$1,000 Scholarship Offered Each Year)

Application must be postmarked by **March 16, 2026**

Send to: Lisa Rove-Williams, District 5 Youth Director

771 W. Dresser Rd.

DeKalb, IL 60115

Or email to: rovewilliams@comcast.net

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.

Basic Qualifications:

(Use additional pages if necessary.)

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, are you 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 _____

Please tell us how you would like to apply this experience to your future: _____

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

Upon completion of this summer school, and when I return to the United States, I agree to:
as follows:

1.) Present and provide an account of my experience at a meeting of my local Sons of Norway Lodge, and 2) Provide a written report to the District Five Youth Director for publication, and any other use determined by the District Five Board.

I have completed all entries, supplied all required documents, and I hereby agree to all stipulations as set forth in this document.

Signature

Date