

# District 2 Sons of Norway

## SOFIE/OLSON MEMORIAL SCHOLARSHIP APPLICATION FORM

Instructions of applicant:

- √ Complete this form
- √ Answer questions 1 and 2 below
- √ Mail completed application to : Sons of Norway – District Two  
c/o Seth Tufteland, Youth Director  
Scholarship Chairperson  
PO BOX 1422  
Bothell, WA 98041

√ Must be Post marked by **April 15<sup>th</sup>** Scholarship recipients will be notified after May 1, 2012

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Birth Date \_\_\_\_\_ Birth Place \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Name and relationship of relative who is a member of District 2 Sons of Norway

Name \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Lodge \_\_\_\_\_ Lodge # 2- \_\_\_\_\_ Membership # \_\_\_\_\_

Sponsor's name printed \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Have you completed an application for the camp of your choice? Yes \_\_\_ No \_\_\_

Have you been accepted? Yes \_\_\_ No \_\_\_

Which Camp? Normanna \_\_\_ Nidaros \_\_\_ Trollhaugen \_\_\_

Have you received a scholarship to attend this year's camp from any other source (e.g., lodge)?

No \_\_\_ Yes \_\_\_ if yes, please include the source \_\_\_\_\_

Are financial concerns a reason for applying for this scholarship? Yes \_\_\_ No \_\_\_

Please submit your answers to the following questions on a separate piece of paper and attach to this application

1. What Sons of Norway cultural and heritage activities interest you and which do you participate in?

2. Why do you want to attend a Sons of Norway youth camp?

I hereby certify that the above statements are true and accurate to the best of my knowledge.

Parent/Guardian Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Lodge Mailer