

APPLICATION FOR  
SKJOLD LODGE \$1,000\* SCHOLARSHIP  
FOR SCHOOL YEAR 2017-2018  
SKJOLD SCHOLARSHIP FUND

NAME: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NAME OF SKJOLD LODGE/SONS OF NORWAY SPONSOR (if other than self):  
\_\_\_\_\_

NAME OF CURRENT HIGH SCHOOL OR COLLEGE \_\_\_\_\_

GRADE POINT AVERAGE: \_\_\_\_\_ EXPECTED GRADUATION DATE

\*FROM HIGH SCHOOL: \_\_\_\_\_ \*FROM COLLEGE: \_\_\_\_\_

NAME AND ADDRESS OF COLLEGE OR TRADE SCHOOL YOU PLAN TO ATTEND:

\*NOTE: ACTUAL SCHOLARSHIP AMOUNT WILL BE BASED ON FUNDS AVAILABLE AND THE NUMBER OF SCHOLARSHIPS AWARDED. THE SCHOLARSHIP CHECK WILL BE ISSUED TO THE SCHOOL WHERE YOU HAVE BEEN ACCEPTED. ONLY ONE SCHOLARSHIP WILL BE AWARDED TO ANY ONE APPLICANT IN THE SAME FAMILY FOR THE SAME SCHOOL YEAR.

\*\*INCLUDE PROOF OF ACCEPTANCE TO YOUR SCHOOL ON A FULL TIME BASIS FOR THE FALL OR MID-TERM.

\*\*\*INCLUDE AN ESSAY (200-500) WORDS. TELL ABOUT YOUR GOALS, ACTIVITIES, THE IMPORTANCE OF YOUR NORWEGIAN HERITAGE, AND WHY YOU FEEL YOU SHOULD RECEIVE THIS SCHOLARSHIP.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Date and sign this form; and mail it with proof of acceptance to your school, and your essay to:  
(DEADLINE: MAY 1 of each year)

Scholarship Director Skjold Lodge 4616 Kings Walk Dr. Apt. 1D Rolling Meadows, IL 60008-1951
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