

Sons of Norway
Normanden 4-424
P.O. 3421, Missoula, MT 59806



Member Scholarship Application
For an Institution of Higher Learning
First Semester of the Academic Year

(Please type or print using block letters)

1. Full Name (Last) _____ (First) _____ (Middle) _____
2. (Circle one) Female / Male
3. Home Address: (Street) _____
(City, State, Zip) _____
4. Phone number (_____) _____ Home Email _____
5. Birthdate ____ / ____ / ____ Age _____ Place of Birth _____
6. High School attending _____
7. Honor and Awards that you have received:
 1. _____
 2. _____
 3. _____
 4. _____
8. Offices and Positions of Leadership you have held (State name of organization, position, and year)
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____

7. School Related Extra Curricular Activities

(State activities and year(s), i.e., *Band 2,3*. List only major activities)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

8. Non-School Related Civic Activities (4-H, Scouting, Volunteer Work, etc)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

9. The requirement for this scholarship is that you, your parents, or your grandparents are to be members of Normanden Lodge 4-424.

Are you an Unge Venner member of Sons of Norway? (Circle one) YES / NO

Are your parents or are you grandparents members? Give name and relationship: _____

10. What school do you plan to attend? _____

11. What Course of Study are you planning to pursue? _____

12. How are you planning to finance your education?

Do you intend to apply for financial aid at the school you plan to attend? (Circle one) YES / NO

Have you been granted a scholarship from the school you plan to attend? (Circle one) YES / NO

If yes give details _____

12. How are you planning to finance your education (continued)?

List other scholarships and their amounts that you have been awarded:

Do you plan to work while pursuing you studies? (Circle one) YES / NO

Any other financial need comments that you would like to make: _____

13. Your cumulative grade point average in high school _____

14. Please write an essay of not more than 150 words telling how you see your higher education affecting your future. Please use a separate sheet of paper and attach to this application.

Date _____ Signature _____

Mail your completed application to:

**Normanden 424 Scholarship Committee
P. O. Box 3421
Missoula, MT 59806**

Applications must be received by MARCH 31