APPLICATION FOR

SKJOLD LODGE $1,000* SCHOLARSHIP

FOR SCHOOL YEAR 2022-2023

SKJOLD SCHOLARSHIP FUND

NAME:_____
Last First Middle

ADDRESS:_____

CITY/STATE/ZIP:_____

PHONE:_____ DATE OF BIRTH:_____

EMAIL ADDRESS:_____

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
1410 Westbury Dr.
Hoffman Estates, Illinois 60192-1347