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.			Home Email
5.	Birthdate/Age_		Place of Birth
6.	High School attending		
	Honor and Awards that you have received:		
	1		
8. Offices and Positions of Leadership you have held (State name of organization, position)			name of organization, position, and year)
	1		
	2		
	6		

1
2
3
4
5
8. Non-School Related Civic Activities (4-H, Scouting, Volunteer Work, etc) 1
 2
 3
 3
 4
 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
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? (Cirle one) YES / NO
If yes give details

•	planning to finance your education (continued)?
List other	scholarships and their amounts that you have been awarded:
Do you pl	lan to work while pursuing you studies? (Circle one) YES / NO
Any other	financial need comments that you would like to make:
3 Your cumulat	tive grade point average in high school
future. Please	an essay of not more than 150 words telling how you see your higher education affecting your e use a separate sheet of paper and attach to this application.
ate	Signature

Mail your completed application to:

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

Applications must be received by APRIL 30th, 2021