



SONS OF NORWAY DISTRICT LODGE 5

NORWEGIAN FOLK HIGH SCHOOL

SCHOLARSHIP APPLICATION **2009**

(Two \$500.00 Scholarships Offered Each Year)

Please complete this application in your own handwriting regarding your interest in attending Norwegian Folk High School (www.folkehogskole.no). Answer the questions, using an additional sheet if needed. **Concordia Language Camp/Skogfjorden campers are no longer eligible for this scholarship, even if there are no applications for Norwegian Folk High School during a given year.**

Name: _____

Address: _____

City, State, Zip: _____ Phone: _____

Year in school: _____

Date of Birth: _____

Why do you want to attend Norwegian Folk High School?

Will you be willing to serve as a District Five Masse Moro Norwegian Heritage Camp Counselor the following summer? _____ YES _____ NO

Tell why you think you will make a good Masse Moro Counselor, and list some of your interests:

- Applicant must have attended Masse Moro a minimum of two summers.
- Indicate years that you attended Masse Moro: _____
- Applicant must be recognized by the Masse Moro staff as one with potential leadership qualities and one capable of working with younger students. **Include recommendation letter from Masse Moro Camp Administrator/Director.**
- Applicant must be willing to serve as a Counselor on the Masse Moro staff after attending Norwegian Folk High School.
- Applicant must have completed U. S. high school (include transcripts).
- Applicant must be between the ages of 18 and 23.
- Applicant, parent, or grandparent **must be a benefit member** of a lodge within District Five.
- Applicant must have applied to the Sons of Norway Foundation Helen Tronvold Norwegian Folk High School through Sons of Norway International (www.sofn.com).
- Applicant must be accepted by a specific Norwegian Folk High School.
- Applicant must be able to provide all necessary funds for transportation and the remainder of the cost above scholarship.

S/N Lodge Name and Number: _____

S/N Member Name and Number (if other than self): _____

S/N Policy Name and Number: _____

**S/N products which qualify include Nordic Elite, Term product, Viking 23 and annuities (\$2000 minimum).*

This scholarship is non-transferable.
Return application by postmark March 15, 2009 to
 Sheryl Hall, District Five Youth Director, 6171 Muirfield Lane, Rockford, IL 61114.
 Contact: 815-636-8567 or sa_design@msn.com.