GRAND LODGE DAUGHTERS OF NORWAY



SCHOLARSHIP APPLICATION – 2020

Name		
Address		
City	State	Zip
Telephone H	E-mail	
Father's name	Telephone	
Mother's name	Telephone	
Are you a member of Daughters of Norway?		
If yes, give name of lodge	Yea	ars of membership
Offices held, lodge activities		
If not a member, please give name of the rela	tive who is a member of Daugl	nters of Norway:
Name of relative	Relationship	
Name of lodge	Years of membership	
Complete name of the college, university, tec	chnical school or vocational sch	nool you presently attend.
Address of school		
Major / Minor	Your GPA	
When will you graduate?	Time remaining to comple	te degree
I hereby affirm that all the above stated information pr	rovided by me is true and correct to the	ne best of my knowledge.
Signature of scholarship applicant	Date	

Deadline: Postmarked no later than July 15, 2020