## GRAND LODGE DAUGHTERS OF NORWAY



## **SCHOLARSHIP APPLICATION – 2019**

Name		
Address		
City	State	Zip
Telephone	E-mail	
Father's name	Telephone _	
Mother's name	Telephone _	
Are you a member of Daughters of Norw	/ay?	
If yes, give name of lodge		Years of membership
Offices held, lodge activities		
If not a member, please give name of the	relative who is a member of D	Daughters of Norway:
Name of relative	Relatio	onship
Name of lodge	Yea	ars of membership
Complete name of the college, university		
Address of school		
Major / Minor	Your GPA	
When will you graduate?	Time remaining to complete degree	
I hereby affirm that all the above stated information	ion provided by me is true and correc	et to the best of my knowledge.
Signature of scholarship applicant		ate

Deadline: Postmarked no later than July 15, 2019