

Norske Torske Klubben Foundation Scholarship 2012

Youth Participant Former villager

Full Name _____
Last First Middle

Male Female Birth Date ____/____/____
Month Day Year

Street _____

City _____ State _____

ZIP _____ Country _____

Home Phone _____

Language Experience _____

Other scholarships for which you are applying:

Adult 1 (Parent / Guardian) Former villager

Full Name _____
Last First Middle

Male Female

Relationship to Youth Participant _____

Mailing Address Same as Youth

Street _____

City _____ State _____

ZIP _____ Country _____

Home Phone _____ Cell Phone _____

Work Phone _____

E-Mail (required) _____

Adult 2 (Parent / Guardian) Former villager

Full Name _____
Last First Middle

Male Female

Relationship to Youth Participant _____

Mailing Address Same as Youth

Street _____

City _____ State _____

ZIP _____ Country _____

Home Phone _____ Cell Phone _____

Work Phone _____

E-Mail (required) _____

Session (choose one):

SALOLAMPI **SKOGFJORDEN**
 Finnish Language Village Norwegian Language Village

SJÖLUNDEN **SKOVSDØEN**
 Swedish Language Village Danish Language Village

Session Code _____ Session Length _____ Years at CLV _____

Name of Norske Torske Klubben Member _____

Your Relationship to Member _____

Date of Application _____

Extra-Curricular Activities (music, service clubs, sports, etc.)
 When and how long were you involved?

Other Interests (hobbies, music lessons, etc.)

Indicate honors and awards or recognition from school, church, community, etc.

Please prepare an essay (200 words) indicating why you are interested in your chosen Nordic language and culture. Include how receiving the Norske Torske Klubben Foundation Scholarship to attend Concordia Language Villages will make a difference in your life.

Please mail your completed Norske Torske Klubben Foundation Scholarship form and essay along with your Concordia Language Villages registration form and a deposit of \$300.

CONCORDIA LANGUAGE VILLAGES
 Attention: Scholarship Committee
 901 8th Street South
 Moorhead MN 56562

QUESTIONS? Call (800) 222-4750, ext. 3472, or (218) 299-3472 (direct line).
Submission Deadline: March 10, 2012

I certify that the above information is true and correct.

 Signature of Parent / Guardian Date _____

Office Use Only Initials _____ Passport _____ Code _____ Date Received _____