

Youth Participant Former villager

Full Name _____
Last First Middle

Language Experience _____

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

Other scholarships for which you are applying:

Street _____
 City _____ State _____
 ZIP _____ Country _____
 Home Phone _____

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
Finnish Language Village | SKOGFJORDEN
Norwegian Language Village |
| SJÖLUNDEN
Swedish Language Village | SKOVSEEN
Danish Language Village |

Session Code _____ Session Length _____

Are you a friend of, or related to, a member of the Norske Torske Klubben (not required)

Name _____ and _____ relationship _____ if _____ applicable

Date of Application _____

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

Other Interests (hobbies, music lessons, etc.)

I certify that the above information is true and correct.

Signature of Parent / Guardian _____

Date _____

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, email, or fax 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: Ross "Odin" Dybvig
 901 8th Street South
 Moorhead MN 56562
 Scholshp@cord.edu
 Fax: 218-299-3807

QUESTIONS? Call 218-586-8716

SUBMISSION DEADLINE: MARCH 4, 2017

Complete your 2017 registration with \$300 deposit online at www.ConcordiaLanguageVillages.org by March 4, 2017. You must be registered to be eligible for a scholarship.

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