

QUEEN MAUD LODGE #42  
DAUGHTERS OF NORWAY  
MEMORIAL SCHOLARSHIP APPLICATION – 2018

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail  
: \_\_\_\_\_  
Father's name: \_\_\_\_\_ Heritage: \_\_\_\_\_ Phone: \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_  
Mother's name: \_\_\_\_\_ Heritage: \_\_\_\_\_ Phone: \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_  
Name the high school currently attending:  
\_\_\_\_\_  
When will you graduate? \_\_\_\_\_ School  
contact: \_\_\_\_\_  
Mailing address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_  
Your GPA : \_\_\_\_\_  
Name the college, university, technical school or vocational school you presently attending or  
plan to attend: \_\_\_\_\_ School  
contact: \_\_\_\_\_  
Address of school: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_  
Major / Minor: \_\_\_\_\_ Your GPA: \_\_\_\_\_

Describe special study—extracurricular activities—any employment/volunteer (if more space,  
please attach):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any honors received and include the date(s) of receipt (if more space, please attach):

\_\_\_\_\_  
\_\_\_\_\_

I hereby affirm that all the above stated information provided by me is true and correct to the  
best of my knowledge.

\_\_\_\_\_  
Applicant signature Date

\_\_\_\_\_  
Parent/Guardian if applicant is under age 18. Date

**Deadline: Postmarked receipt by March 15, 2018**