



SONS OF NORWAY

Sleipner Lodge No. 8
Sons of Norway
Vancouver, B.C.

Bursary Application Form

Name: _____ Application Date: _____

Address: _____

Phone: _____

Email: _____

Education:

High School: _____ Graduation Year: _____

College/Univ: _____ Starting Date: _____

Norwegian Involvement:

Sons of Norway Member: _____ Yes _____ No

If "No" - Name of Sponsoring Member: _____

Name of university, college, school this bursary will be applied to:

List of Activities/Participation of Sons of Norway Functions:

Please email completed form to: martin_n@sleipner8.com

Short Description of Achievements/Hobbies and Future Goals:



Please use reverse of page if necessary