

District 1 Sons of Norway Skogfjorden Scholarship Invoice

Lodge Name _____ Number 1- _____ City _____ State _____

Scholarship Chair _____ Address _____

City: _____ State: _____ Zip _____ Phone _____ Email _____

Your local Lodge Scholarship Chairperson must fill out this Skogfjorden Scholarship Invoice. The original invoice and lodge scholarship checks made out to **Concordia Language Village** must be sent to Concordia Language Villages in order for funds to be applied to a campers account. A copy of this Invoice must be sent to the First District Scholarship Coordinator by May 17th for District level Scholarships to be validated. Fill out all column information. Include what the parent's payments are to CLV if possible.

Applicant's Name and address (use more than one line if necessary)	Village #	# of Weeks	1 st District \$\$	Local Lodge \$\$	Parent \$\$	Total \$\$
Totals:			\$ _____	\$ _____	\$ _____	\$ _____

Village #: Skogfjorden, or other Nordic Concordia Language Village Code # of Weeks: How many weeks the session is 1st District \$\$: Total amount of 1st District Scholarship \$\$ lodge has determined for each camper Local Lodge \$\$: Amount of Local Lodge Scholarship \$\$ being allocated to each camper Parents \$\$: Amount Remitted by Parents. Total \$\$: The Totals columns vertically and horizontally must be filled out and should equal the same amount.

Chairperson's Signature: _____ **Date:** _____