

MIKAL KARTVEDT SCHOLARSHIP TRUST FUND

Mikal Kartvedt was born in Manger, Norway, on March 8, 1907, and immigrated to the United States in 1923. He was extremely devoted to the Sons of Norway and served in various offices throughout the years. At the time of his death, he was a Director of the Supreme (International) Lodge.

District 1 established the MIKAL KARTVEDT TRUST FUND in memory of the man who fostered and promoted Skogfjorden, the Norwegian Language Village. It was the wish of Mikal Kartvedt that every young person in District 1 has the opportunity to attend Skogfjorden. To abide by Mikal Kartvedt's wishes, the fund was set up to provide financial assistance for families who might not otherwise be able to send their children to Skogfjorden.

APPLICATION GUIDELINES FOR THE MIKAL KARTVEDT TRUST FUND SCHOLARSHIP

- The parent/s or legal guardian/s must be member/s of a District 1 Lodge by October 1 of the year prior to this application.
- Mikal Kartvedt Scholarship applicants must first qualify for a regular Skogfjorden scholarship under guidelines set forth by the local Lodge Scholarship Committee.
- The Lodge portion of the District Scholarship funds must be paid in full to be eligible for consideration.
- The applicant must fill out the Mikal Kartvedt Scholarship Application.
- The parent/s or legal guardian/s must provide a copy of last year's tax return and a statement of financial assistance need (which are confidential and will be destroyed) and a copy of the applicant's District 1 Skogfjorden Registration.
- The local Lodge Scholarship Coordinator must submit to the District 1 Scholarship Coordinator by March 1st, the following:
 - A copy of the applicant's District 1 Skogfjorden Registration.
 - A copy of the applicant's parent/s or guardian/s previous year's tax return.
 - The parent/s or legal guardian/s statement requesting financial assistance.
 - The District 1 Mikal Kartvedt Scholarship Trust Fund Application form with the lodge portion filled in.
- First time applicants will receive consideration before those applying multiple years.
- Applicants for a four-week session will be considered only after those applying for one or two week sessions.
- The Mikal Kartvedt Scholarship is used only to pay the parent/s or guardian/s portion of the Skogfjorden fees. As you may have applied for multiple scholarships, please request the dollar amount of Financial Assistance you actually need. You may request for the entire parent portion, however the committee will determine the amount to be allocated.
- Applications following these guidelines will be considered for the Mikal Kartvedt Scholarship.
- Send or email scanned documents to:

Carolyn Townsend, Scholarship Coordinator
District 1 Sons of Norway
1268 146th Ave. NW
Andover, MN 55304
763-434-5650
cjtownsen@comcast.net

**Applications are due by April 1, 2020.
Financial Assistance Grants will be awarded after
May 1, 2020.**

MIKAL KARTVEDT SCHOLARSHIP APPLICATION

(Please Print)

Name of Applicant _____ Birthdate _____

Name(s)/Parent(s) or Legal Guardian(s) _____

Address _____

City _____ State _____ Zip Code _____

Skogfjorden Village Number _____ Weeks _____ Registration Fee \$ _____

Parent(s) or Legal Guardian(s) taxable income reported from 2018 tax return: \$ _____

1. Include a statement of reasons financial assistance is needed:

2. Submit this application form with a copy of your Skogfjorden Registration to your Scholarship Coordinator. This is the only application accepted for financial assistance consideration. The following must be completed. (ALL ITEMS REQUIRED) Forms without this information WILL NOT be considered for financial assistance.

3. The following section must be completed by the local Lodge Scholarship Chairman, President, Secretary, or other designated Lodge Officer, and **returned to the parents to be submitted.**

Lodge Number 1- _____ Lodge Name _____

City _____ State _____

\$ _____ Lodge Scholarship awarded to applicant

\$ _____ District Scholarship awarded to applicant

I certify that this application and statement for financial assistance has been reviewed and that consideration has been approved by our Lodge:

Officers name _____

Office _____ Date _____

Signature of Lodge Scholarship Chairman or Officer _____

4. The following should be filled out by the **parent/guardian** of the applicant:

\$ _____ Parent/Guardian payment, including reservation fees and amount prepaid

\$ _____ Other scholarships applied for

\$ _____ Total cost of camp

\$ _____ **Amount of Financial Assistance Requested (less Lodge, District and other scholarships applied for)**

5. Attach a copy of your last year's tax return. I.e. submit your 2018 tax form if you are applying for camp in 2020 . You may scan and email to cjtownsen@comcast.net. (This is confidential and will be destroyed after the application process)

6. Submit this completed application form to the District Scholarship Coordinator by April 1, 2020:
Carolyn Townsend, Scholarship Coordinator

District 1 Sons of Norway

1268 146th Ave. NW

Andover, MN 55304

Or, completed forms may be scanned and emailed to cjtownsen@comcast.net. Incomplete or late forms will not be considered for a scholarship