

Danish American Language Foundation



Preserve and Promote the Danish Language and Culture in America



SCHOLARSHIP / GRANT APPLICATION

GENERAL INFORMATION

First Name _____

Last Name _____

Address 1 _____

Address 2 _____

City _____

State _____

Zip Code _____

Phone Number _____

Email Address _____

Date of Birth (mm/dd/yyyy) ____/____/____

Are you a U.S. citizen? Yes No
If no, of what country are you citizen? _____

How did you hear about us? _____

FUNDING

What is the full amount you are applying for? \$ _____

What is the reason you are applying for funds?

Have you applied for funds from this foundation before? Yes No

If yes, when (mm/dd/yyyy)? ____/____/____

Are you funded in any other way? Yes No

If yes, please list sources and amounts contributed:

EDUCATION

School you are now attending (or last attended): _____

School you plan to attend: _____

Address: _____

Field of study: _____ Degree Anticipation: _____

Career plans after school: _____

Please list by academic year (if applicable):

FRESHMAN	SOPHOMORE	JUNIOR	SENIOR
Extracurricular School Activities (athletics, organizations, clubs, plays, etc.)			
Work experience (list any significant work experience in the last two years)			
Community / Campus Involvement (volunteer work, charity work, leadership roles, etc.)			

FAMILY

	FATHER	MOTHER
Name		
Employer (Name and Address)		

Please comment on the extent to which you need financial assistance. Please list all scholarships for which you have applied, and scholarships you have been awarded and the amounts.

Briefly (75 words or less) discuss your personal achievements and / or goals that you have reached the last four years which holds significant value to you and why.

ADDITIONAL INFORMATION

Please include any additional information which you feel may help you demonstrate need or qualifications, for example, high school letters of reference, essays, SAT score, Common Core Reports, photographs, etc.

PLEASE RETURN TO:

<p>Danish American Language Foundation c/o Peter Ørum P.O. Box 6005 St. Charles, IL 60174</p> <p>Phone: 847-742-1790 Email: petero@dalf.us</p> <p>Application Deadline is February 15.</p>
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