Mindekirken
Skogfjorden Scholarship Application
Sponsored by Alle Kvinner Mission Group

Summer 2008

Villager Information:
(Please Print Clearly)

Name _____
Last First Middle

Address _____
City, State, Zip_____
School_____
Age _____ Grade _____
Home Telephone_____
Cell Phone _____
Email Address _____
Are you a member or associate member of Mindekirken? (if yes, circle one)
If you are not a member, what relative is. _____
What is their name? _____
Have you studied a language before? _____
Have you attended Skogfjorden before?_____
Why would you like to go to Skogfjorden?_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____