

The Icelandic Club of Greater Seattle
2015 Scholarship Application

Icelandic Club Membership Required

Open to High School Seniors with Icelandic Heritage

Name: _____

Address: _____

Home phone, cellphone, _____

email: _____

Parent who is a member: _____

Icelandic Heritage: _____

High School Attended: _____

Grade Point Average: _____

Honors: _____

Community College or _____

University Intended: _____

*(Scholarship will be sent directly to
the College or University)*

Educational Goals: _____

*(Briefly describe and if more space
is needed use a second page)*

Work Experience: _____

*(Briefly describe and if more space
is needed use a second page)*

Extracurricular Activities and _____

Hobbies: _____

*(Any extra information the
applicant may choose to include -
i.e., letters of reference, etc.)*

Signature of Applicant: _____ Date: _____

Signature of Legal Guardian: _____ Date: _____

Please print and mail the application to:

The Icelandic Club of Greater Seattle
c/o the Scholarship Committee Chairperson
PO Box 70102
Seattle, WA 98127