



# VASA ORDER OF AMERICA

(A Swedish-American Fraternal Organization)



## GRAND LODGE

Organized September 18, 1896 - Incorporated March 29, 1899

## SCHOLARSHIP PROGRAM

### APPLICATION (type online, then print)

Name \_\_\_\_\_ Date \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City/State(Prov)/Zip(PC) \_\_\_\_\_

Birth place \_\_\_\_\_ Birth Date \_\_\_\_\_

Initiated into the Vasa Order on \_\_\_\_\_ (Must be 2/15/2022 or earlier to qualify)

Member of Lodge \_\_\_\_\_ No. \_\_\_\_\_ (attach high quality 4" x 6" size photo

District Lodge No. \_\_\_\_\_

Name of LL Secretary \_\_\_\_\_

Address \_\_\_\_\_

City/State (Prov)/Zip (PC) \_\_\_\_\_

### Applying for

GRAND LODGE SCHOLARSHIP, COLLEGE, or VOCATIONAL AWARD

DATE SUBMITTED \_\_\_\_\_

MAIL TO: **Tom Cleveland, Vice Grand Master**  
1117 Foxpoint Dr.  
Sycamore, IL 60178  
Phone: (815) 508-6394 E-mail: [vgm@vasaorder.org](mailto:vgm@vasaorder.org) (for questions only)

**Please Postmark no later than February 15<sup>th</sup> to be considered**

**For use of the Vice Grand Master only** Date received: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Vice Grand Master

#### CHECK LIST:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Application completed        | <input type="checkbox"/> Transcript received | <input type="checkbox"/> References received |
| <input type="checkbox"/> L.L. recommendation received | <input type="checkbox"/> Picture received    | <input type="checkbox"/> Essay received      |

## PERSONAL INFORMATION

Male     Female

Single     Married

Name of spouse (if married) \_\_\_\_\_ Children \_\_\_\_\_  
(names and ages)

Name of Father \_\_\_\_\_

Address \_\_\_\_\_

Name of Mother \_\_\_\_\_

Address \_\_\_\_\_

Ancestry:  Swedish     Danish     Finnish     Icelandic     Norwegian     Other

Number of brothers \_\_\_ ages \_\_\_\_\_ Number of sisters \_\_\_ ages \_\_\_\_\_

## REFERENCES

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**Letters of reference required from:  
your Dean, Principal, Teacher or Counselor and  
two individuals that are not related to you. Dated  
2022 and signed.**

## TRANSCRIPT of COURSES and GRADES

Complete "**OFFICIAL**" transcript of grades through the first half of senior year for high school student or the fall semester of current academic year for college student. Order your transcripts to reach the Vice Grand Master before February 15<sup>th</sup> of the contest year.

## SUPPORTING STATEMENT

In order to assist the Scholarship Committee in making a proper evaluation, a brief statement may be appended containing any additional information you consider relevant to your scholarship application.

## STATEMENT OF APPLICANT

I hereby certify that the information given on my application is correct to the best of my knowledge.

I do \_\_\_ do not \_\_\_ permit announcement of the Award, and I will use any Award granted for no purpose other than for necessary expenses connected with my education.

Date: \_\_\_\_\_ Signature of applicant: \_\_\_\_\_

Printed name: \_\_\_\_\_

Make sure that you have filled out the 4-page application completely, included an essay of not more than 1,000 words, **essay cannot have been submitted in prior years**, a **passport** size photograph of yourself, requested references, your Local Lodge reference, and transcripts to reach the Vice Grand Master by **February 15<sup>th</sup>**.

## ACCREDITED VOCATIONAL SCHOOLS, COLLEGES OR UNIVERSITIES

(to which you have applied; list in order of preference)

	NAME	TUITION	ACCEPTED	AWAITING REPLY
1				
2				
3				
4				

### OTHER SCHOLARSHIPS RECEIVED OR EXPECTED

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### EDUCATIONAL BUDGET

Anticipated Expenses		Expected Income for the Year	
Tuition and Fees	\$	Student's Income	\$
Books and Supplies	\$	Support from Parents*	\$
Room and Board	\$	Support from Spouse **	\$
Personal	\$	Student's Assets	\$
Travel	\$	Other	\$
<b>TOTAL EXPENSES</b>	<b>\$</b>	<b>TOTAL INCOME</b>	<b>\$</b>

\* Needs to be greater than or equal to 10 % of parents income unless otherwise documented

\*\* Should be no more than 50 % of spouse income

### OTHER FINANCIAL AWARDS

Scholarships	\$
National Direct Student Loan	\$
College Work Study Program	\$
Other	\$
<b>TOTAL</b>	<b>\$</b>

### FINANCIAL NEED

(Difference between Anticipated Expenses and Expected Income including other Financial Awards)

\$ \_\_\_\_\_

**EDUCATION COMPLETED**

**HIGH SCHOOL / VOCATIONAL SCHOOL / COLLEGE / UNIVERSITY**

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(name of school)

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(address) (city)

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State(Prov) / Zip (PC) (date of graduation)

**PRINCIPAL / DEAN**

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(name) (address) (state-zip/prov-pc)

PRESENT MAJOR COURSE of STUDY \_\_\_\_\_

ANTICIPATED MAJOR COURSE of STUDY \_\_\_\_\_

**HONORS RECEIVED**

(Attach separate sheet if not enough room for this and items below)

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**VASA ORDER OF AMERICA INVOLVEMENT**

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**EXTRA-CURRICULAR ACTIVITIES**

(Community and service activities - narrative)

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**FUTURE PLANS (after finishing school)**

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## SCHOLARSHIP PROGRAM



### Grade Transcript Request

Your student \_\_\_\_\_ has applied for a scholarship from the Vasa Order of America.

We request that you kindly furnish us with a transcript of the above student's grades to assist our judges in their rating of our applicants.

Your cooperation is greatly appreciated, and we thank you in advance.

Authorization to furnish transcripts of grades to the Vasa Order of America is hereby given.

\_\_\_\_\_  
(signature of student)

\_\_\_\_\_  
(date)

Please send transcript to:

**Tom Cleveland, Vice Grand Master**

**1117 Foxpoint Dr.**

**Sycamore, IL 60178**

**Phone: (815) 508-6394 E-mail: [vgm@vasaorder.org](mailto:vgm@vasaorder.org) (for questions only)**

Please detach and transmit to the applicant to verify transmittal of transcript.

To: \_\_\_\_\_

We have this day \_\_\_\_\_ forwarded a transcript of your grades to the Vice Grand Master of the Vasa Order of America.

\_\_\_\_\_  
(name of school)

\_\_\_\_\_  
(authorized signature)



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### LL Recommendation

Your member \_\_\_\_\_ has applied for a scholarship from the Grand Lodge.

The information requested below is very important in assisting our judges in rating the applicants and your cooperation is greatly appreciated.

Applicant was initiated into the Vasa Order on \_\_\_\_\_, and is a member in good standing of our Lodge.

Supporting Statements:

Please return this report to:

**Tom Cleveland, Vice Grand Master**

**1117 Foxpoint Dr.**

**Sycamore, IL 60178**

**Phone: (815) 508-6394**

**E-mail: [vgm@vasaorder.org](mailto:vgm@vasaorder.org) (for questions only)**

\_\_\_\_\_

*(Local Lodge Name and Number)*

\_\_\_\_\_

*(Signature of LL Recording Secretary)*

**LL SEAL**