

**Swedish American Heritage Society of West Michigan
Clarence & Doris Anderson Memorial Scholarship**

**29 Pearl Street NW, Suite 127
Grand Rapids, MI 49503**

Name: _____ Date: _____

Home Address: _____

E-mail Address: _____

Parents/Guardians: _____

Birth Date: _____ Phone: _____

GPA: _____ ACT: _____ Number of years involved in Lucia: _____

Awards earned: _____

Volunteer/service experience: _____

Application questions (please answer on a separate page):

1. Describe your educational goals. (150 words or less)
2. How would receiving the Clarence & Doris Anderson Memorial Scholarship help you reach your educational goals?
3. Describe how being a Lucia participant has impacted you. (300 words or less)

Deadline is November 15

Send application to address at the top of the application along with a photocopy of your high school transcript and ACT score. You may also email the application to info@sahswm.org.

Clarence & Doris Anderson Scholarship information:

This is a one time award to a high school senior, who is a child or grandchild of a member.

All Clarence & Doris Anderson Memorial Scholarships are valid for one year from date of presentation.

Any scholarship not claimed by that date will be void.

The scholarship recipient will be selected by a special SAHS/WM Committee.

Questions can be directed to Lisa Reiersen, lisareiersen@gmail.com