

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

Name: _____

Home Address: _____

E-mail Address: _____ Phone(s): _____

Parents/Guardians: _____

Birth Date: _____ GPA: _____ ACT Score: _____

Number of years involved in Lucia: _____

Awards earned:

Volunteer/service experiences:

Application Questions (Please answer on a separate page)

1. Describe your educational goals. (150 words or less)
 2. How would receiving the Clarence and Doris Anderson Memorial Scholarship help you reach these goals?
 3. Describe how being a Lucia participant has impacted you. (300 words or less)
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Deadline is November 30, 2024

Send application to ga@andersoneye.com along with a photocopy of your high school transcript and ACT score.

Clarence and Doris Anderson Scholarship information:

1. This is a one-time award to a high school senior who is a child or grandchild of a member.
2. All Clarence and Doris Anderson Memorial Scholarships are valid for one year from the date of presentation. Any scholarship not claimed by that date will be void.
3. The scholarship recipient will be selected by a special SAHS/WM Committee.
4. Questions can be directed to Gary Anderson: ga@andersoneye.com