Icelandic National League of the United States

Scholarship Application Form (fillable PDF)

- **Applicant Information**
  - Name (First MI Last)
  - Applicant Mailing Address
  - Email
  - Telephone – home
  - Telephone – mobile
- **Parent Information (for applicants < age 21)**
  - Name
  - Mailing Address
  - Email
  - Telephone – home
  - Telephone – mobile
- **School / Program Information**
  - School Name
  - School Mailing Address
  - Point of Contact (POC) Name
  - POC Email
  - POC Telephone
- **INLUS Scholarship Request**
  - INLUS Program (i.e. Icelandic Language)
  - Amount requested (max $1000 U.S.)
  - Short essay 1: Please state why you are interested in this program and how you expect to use this experience to give back to the Icelandic community
  - Short essay 2: Please list your involvement and accomplishments within the Icelandic community, including volunteering or other experiences. If none, enter "None."
- **Other anticipated funding sources**
  - Grantor Organization Name
  - Grantor Mailing Address
  - POC Name
  - POC Email
  - POC Telephone
  - Amount applied for/granted

Please email completed form to info@inlus.org prior to the program deadline.