

Finnish Ancestry

If you, your mother or father, or their parents were born in Finland, complete this section. Write your relatives' first and last names in the first blank and state their relation to you in blank below. In the second blank, write the city or town in which they were born. One person per section please. **If you were not born in Finland and do not have parents or grandparents born in Finland, skip this section.**

_____ was born in _____, Finland.

State the relation: _____
Example: paternal grandfather

_____ was born in _____, Finland.

State the relation: _____

_____ was born in _____, Finland.

State the relation: _____

_____ was born in _____, Finland.

State the relation: _____

_____ was born in _____, Finland.

State the relation: _____

_____ was born in _____, Finland.

State the relation: _____

Education

High Schools attended:

Name _____ Location _____

Name _____ Location _____

Colleges attended:

Name _____ Location _____

Name _____ Location _____

Technical or Vocational Schools attended:

Name _____ Location _____

Name _____ Location _____

Certificates/Diplomas received:

_____ Date _____

_____ Date _____

I am currently a student.

full-time part-time

I plan to pursue:

academic courses vocational courses

I am currently *not* a student.

Work Experience

Vocation: _____

Current Employer: _____

Position: _____

Length of time employed there: _____

Last Previous Employer: _____

Position: _____

Length of time employed there: _____

Language Skills

I have never studied Finnish

I have studied Finnish on my own

I have learned Finnish as a home language

If you have studied Finnish, please briefly tell about the following: texts you have studied from, where you have studied, and how long have you studied Finnish.

If you have studied Finnish, please indicate your speaking, writing and reading abilities below:

One = Very Little

Two = Somewhat

Three = Excellent

1 2 3 SPEECH

1 2 3 WRITTEN

1 2 3 READING

Which other languages have you studied?

For the advanced student: check here if you would be willing to translate for other students.

Opisto Preference

Please indicate if you have an opisto preference and explain why.

Jämsä—southern; near Helsinki

Reisjärvi—north central; near Oulu

Ranua—northern; near Rovaniemi

No preference

Health Insurance Coverage

Name of Policyholder: _____

Plan Number: _____

Address/Medical Assistant Number: _____

If parent/guardian listed on page 1 cannot be reached in an emergency, please indicate someone else to be notified:

Name

Telephone Number

Health History

Indicate below if you have had or currently have any of the health concerns listed. Please provide explanations in the space below.

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Measles | |
| <input type="checkbox"/> Behavior | <input type="checkbox"/> German Measles | |

Allergies

Indicate below if you have had or currently have any of the allergies listed. Please provide explanations in the space below.

- | | |
|--|---------------------------------|
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Special Diet | <input type="checkbox"/> Other |
| <input type="checkbox"/> Insect Stings | |
| <input type="checkbox"/> Penicillin | |

Recommendation from Board of Home Congregation

To be filled out and signed by local congregation board

Dear Chairman:

Please read the following information and complete and sign this portion of the application for the above signed opisto scholarship applicant.

If the applicant has not lived in your congregation for the past two years, you may make a qualified recommendation including the name of the congregation(s) in which the applicant has lived during this time. Please specify the LLC Area from which the applicant should be considered as having lived for two years or more.

The Board of the _____ Congregation confirms that the applicant is in the love of the congregation and soberly endeavoring in faith.

- The applicant has lived in the congregation area for two years or more and should be considered as a candidate for the opisto scholarship from this LLC Area.
- The applicant has not lived in this congregation for the past two years and should be considered as a candidate for the opisto scholarship from the _____ Congregation.

Other recommendations and qualifications:

Board Chairman or Representative

Date