

LYNN SAWCHUK-SHARON KUZBYT SCHOLARSHIP APPLICATION FORM

Applicant Form

(The Applicant is to complete this form and submit ENTIRE application package to the L.S.S.K. Scholarship Committee Chair. This is to include: **this form, transcripts, and all three recommendation forms, each in their own sealed envelope.**)

APPLICANT'S NAME _____

MAILING ADDRESS _____

E-MAIL ADDRESS _____ PHONE NUMBER _____

U.O.L. CHAPTER _____

REFERENCE FORM TO BE COMPLETED BY JR. CHAPTER PRESIDENT OR VICE PRESIDENT

JR. CHAPTER and CHURCH ACTIVITIES

MEMBER U.O.L. CHAPTER: # YRS. _____

OFFICER: Yes _____ OFFICES/TERM: _____

COMMENTS

CHURCH CHOIR Yes _____ No _____

DANCE GROUP (student/instructor) Yes _____ No _____

CHURCH READER Yes _____ No _____

ALTAR SERVER Yes _____ No _____

PARISH CLEAN-UP/MAINTENANCE Yes _____ No _____

KITCHEN HELP Yes _____ No _____

VISIT SHUT-INS/CHRISTMAS CAROL Yes _____ No _____

CHAPTER/ PARISH FUNDRAISING Yes _____ No _____

MISSION TRIPS Yes _____ No _____

OTHER CHURCH COMMITTEES Yes _____ No _____

_____ Yes _____ No _____

ADDITIONAL COMMENTS REGARDING LITURGICAL, CULTURAL AND COMMUNITY

INVOLVEMENT (Letters of recommendation encouraged for highly qualified candidates.)

HIGH SCHOOL ACADEMIC TRANSCRIPT: AN OFFICIAL COPY OF THE APPLICANT'S HIGH SCHOOL ACADEMIC TRANSCRIPT MUST BE FORWARDED ALONG WITH THE APPLICATION FORMS AND RECOMMENDATION LETTERS TO THE SCHOLARSHIP CHAIR AS DIRECTED IN THE ENCLOSED INSTRUCTIONS.

SIGNATURES: Jr. UOL Chapter President/Vice President _____

Jr. UOL Chapter Advisor _____

Spiritual Advisor _____

[NOTE: Statements of performance must NOT be prepared by the applicant or a family member.]

**Completed Applications are to be sent to: Teresa Linck, 413 Juniper Ln., Cheshire, CT 06410
DEADLINE: MAY 31st**

(Reference Questionnaire)

(L.S.S.K.)

LYNN SAWCHUK-SHARON KUZBYT SCHOLARSHIP APPLICANT FORM

Spiritual Advisor Form

(The Spiritual Advisor is to complete this form.)

Please return it to the Applicant in a sealed envelope with signature across the seal for submittal to the L.S.S.K. Scholarship Committee Chair.)

APPLICANT'S NAME _____

U.O.L. CHAPTER _____

JUNIOR CHAPTER/CHURCH ACTIVITIES:

UOL Member	Yes _____ No _____ Years _____	COMMENTS _____ _____ _____ _____ _____ _____ _____ _____ _____
Officer	Yes _____ Offices/Terms _____	
Church Reader	Yes _____ No _____	
Altar Server	Yes _____ No _____	
Regular Attendance at Liturgical Services	Yes _____ No _____	
Regular Participation in Sacraments	Yes _____ No _____	
Church School graduate, teacher, other	Yes _____ No _____	
Mission Trip Participant	Yes _____ No _____	
Youth Sobor Delegate	Yes _____ No _____	
Participation in UOC Camping Programs	Yes _____ No _____	
Dance Group (student/instructor)	Yes _____ No _____	
_____	Yes _____ No _____	

WHY DOES YOUR CANDIDATE DESERVE AN LSSK SCHOLARSHIP? HOW HAS HE/SHE EXCELLED IN SERVICE TO THE HOLY UKRAINIAN ORTHODOX CHURCH AND HER LEAGUE? (Letters of recommendation encouraged for highly qualified candidates.)

SPIRITUAL ADVISOR (Signature) (Print Name) (Date)

E-MAIL ADDRESS PHONE NUMBER

Questions regarding applications may be directed to:

Teresa Linck
VP2@uolofusa.org or 732-824-2047
DEADLINE: MAY 31st

(Reference Questionnaire)
(L.S.S.K.)
LYNN SAWCHUK-SHARON KUZBYT SCHOLARSHIP APPLICANT FORM

Jr. Chapter Advisor Form

(The Jr. Chapter Advisor should complete this form
and return it to the Applicant in a sealed envelope with signature across the seal for submittal to the L.S.S.K.
Scholarship Committee Chair.)

APPLICANT'S NAME _____

UOL CHAPTER _____

JUNIOR CHAPTER/CHURCH ACTIVITIES:

OFFICER:	Yes _____	OFFICES/TERM: _____	COMMENTS
CHURCH CHOIR	Yes _____ No _____	_____	_____
CHURCH READER	Yes _____ No _____	_____	_____
ALTAR SERVER	Yes _____ No _____	_____	_____
PARISH CLEAN-UP/MAINTENANCE	Yes _____ No _____	_____	_____
DANCE GROUP (student/instructor)	Yes _____ No _____	_____	_____
KITCHEN HELP	Yes _____ No _____	_____	_____
VISIT SHUT-INS/CHRISTMAS CAROL	Yes _____ No _____	_____	_____
CHAPTER/ PARISH FUNDRAISING	Yes _____ No _____	_____	_____
MISSION TRIPS	Yes _____ No _____	_____	_____
OTHER CHURCH COMMITTEES	Yes _____ No _____	_____	_____
_____	Yes _____ No _____	_____	_____

**WHY DOES YOUR CANDIDATE DESERVE AN LSSK SCHOLARSHIP? HOW HAS HE/SHE
EXCELLED IN SERVICE TO THE HOLY UKRAINIAN ORTHODOX CHURCH AND HER
LEAGUE? (Letters of recommendation encouraged for highly qualified candidates.)**

JR. CHAPTER ADVISOR (Signature)

(Print Name)

(Date)

E-MAIL ADDRESS

PHONE NUMBER

Questions regarding applications may be directed to:

Teresa Linck
VP2@uolofusa.org or 732-824-2047
DEADLINE: MAY 31st

(Reference Questionnaire)

(L.S.S.K.)

LYNN SAWCHUK-SHARON KUZBYT SCHOLARSHIP APPLICANT FORM

Scholastic Advisor Form

(A high school principal, guidance counselor or teacher should complete this form and return it to the Applicant in a sealed envelope with signature across the seal for submittal to the L.S.S.K. Scholarship Chair.)

Please note an official copy of the student's transcripts must also be submitted.

APPLICANT'S NAME _____

U.O.L. CHAPTER _____

HIGH SCHOOL EXTRACURRICULAR/CIVIC (COMMUNITY) ACTIVITIES:

OFFICES HELD/COMMENTS

Student Council Yes ____ No ____ _____

Theater Yes ____ No ____ _____

Musical Instrument Performance Yes ____ No ____ _____

Vocal Performance Yes ____ No ____ _____

Varsity Athletics Yes ____ No ____ _____

Club Sports Yes ____ No ____ _____

Honors/Awards _____

Other Clubs/Organizations and Volunteer activity (involvement in leadership positions?) _____

HOW HAS THIS CANDIDATE'S ACADEMIC PERFORMANCE IN HIGH SCHOOL, INVOLVEMENT IN EXTRA CURRICULAR ACTIVITIES AND HIGH ETHICAL AND MORAL CHARACTER MADE HIM/HER DESERVING OF AN LSSK SCHOLARSHIP? (Letters of recommendation encouraged for highly qualified candidates.)

High School Representative (Signature) (Print Name) (Date)

E-MAIL ADDRESS PHONE NUMBER

Questions regarding applications may be directed to:

Teresa Linck

VP2@uolofusa.org or 732-824-2047

DEADLINE: MAY 31st

Application/Administrative Requirements

All LSSK scholarship applications must be submitted via CERTIFIED MAIL with RETURN RECEIPT REQUESTED, or another comparable means (e.g., FedEx, UPS, etc.) that provides a return receipt or tracking number/process. Electronic submissions are not encouraged, as they have resulted in incomplete, and therefore invalid, submissions.

1. Each Recommendation Form must be submitted in separate sealed envelopes and returned to the applicant.
2. These envelopes should be sealed by the Recommender and signed by the Recommender ACROSS THE SEAL OF THE ENVELOPE.
3. The Recommender's sealed envelope should be returned to the applicant to be submitted with his/her application and official transcript.
4. All materials for the scholarship (a complete set, including recommendations in sealed, signed envelopes) should be sent by the applicant as one packet NO LATER THAN MAY 31st to the LSSK Chairman VIA CERTIFIED MAIL, or another carriers. Send to:

**Teresa Linck
413 Juniper Ln., Cheshire, CT 06410**

An e-mail indicating receipt of the application will be sent to each applicant and will notify said applicant of any incomplete information.

1. If the application arrives on or before the deadline date and is complete, the e-mail will indicate that the application is complete and will be considered for a scholarship.
2. If the application arrives before the deadline date and is incomplete, an e-mail will be sent indicating the deficiency so that the applicant may have an opportunity to submit any missing information before the deadline date.
3. If the application arrives on the deadline date and is not complete, the e-mail will indicate that the application was incomplete and will not be considered for this year's scholarship.
4. If the application arrives after the deadline date, the e-mail will indicate that the application did not meet the deadline and will not be considered for a scholarship.

Application Deadline: May 31st