SHINING LIGHTS SCHOLARSHIP APPLICATION FORM

Applicant Form

The Applicant is to complete this form and submit the ENTIRE application package to the Shining Lights 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: _____

UOL Chapter: _____

Where will you be furthering your education: _____

Jr. Chapter and Church Activities

UOL Chapter Member: # of Years _____

			Offices/Term/Comments
Officer	Yes_____	No _____	_____
National Executive Board	Yes_____	No _____	_____
Church Choir	Yes_____	No _____	_____
Dance Group (student/instructor)	Yes_____	No _____	_____
Church Reader	Yes_____	No _____	_____
Altar Server	Yes_____	No _____	N/A _____ _____
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 _____	_____

Additional Comments Regarding Liturgical, Cultural, and Community Involvement

_____

_____

Applicant Signature: _____ Date: _____

SHINING LIGHTS SCHOLARSHIP APPLICATION 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 submission to the Shining Lights Scholarship Committee Chair.

Applicant's Name: _____

UOL Chapter: _____

Jr. Chapter and Church Activities

UOL Chapter Member: # of Years _____

			Offices/Term/Comments
Officer	Yes_____	No _____	_____
National Executive Board	Yes_____	No _____	_____
Church Reader	Yes_____	No _____	_____
Altar Server	Yes_____	No _____	N/A _____ _____
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 _____	_____
UOC Camping Participant	Yes_____	No _____	_____
Other Church Committees	Yes_____	No _____	_____

Why does your candidate deserve the Shining Lights Scholarship? How has he/she excelled in service to the Holy Ukrainian Orthodox Church and the Ukrainian Orthodox League?

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

_____

_____

_____

_____ _____ _____

Signature Print Name Date

_____ _____

E-Mail Address Phone Number

Questions regarding the application may be directed to shininglightsscholarship@gmail.com.

SHINING LIGHTS SCHOLARSHIP APPLICATION FORM

Jr. Chapter Advisor Form

The Jr. Chapter Advisor is to complete this form. Please return it to the Applicant in a sealed envelope with signature across the seal for submission to the Shining Lights Scholarship Committee Chair.

Applicant's Name: _____

UOL Chapter: _____

Jr. Chapter and Church Activities

UOL Chapter Member: # of Years _____

			Offices/Term/Comments
Officer	Yes_____	No _____	_____
National Executive Board	Yes_____	No _____	_____
Church Choir	Yes_____	No _____	_____
Church Reader	Yes_____	No _____	_____
Altar Server	Yes_____	No _____	N/A _____ _____
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 _____	_____

Why does your candidate deserve the Shining Lights Scholarship? How has he/she excelled in service to the Holy Ukrainian Orthodox Church and the Ukrainian Orthodox League?

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

_____

_____

_____

_____ _____ _____

Signature Print Name Date

_____ _____

E-Mail Address Phone Number

Questions regarding the application may be directed to shininglightsscholarship@gmail.com.

SHINING LIGHTS SCHOLARSHIP APPLICATION FORM

Scholastic Advisor Form

A high school principal, guidance counselor or teacher is to complete this form. Please return it to the Applicant in a sealed envelope with signature across the seal for submission to the Shining Lights Scholarship Committee Chair.

Please enclose a copy of the applicant's official transcript along with the application.

Applicant's Name: _____

High School Extracurricular/Civic (Community) Activities

			Offices/Term/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 extracurricular activities and high ethical and moral character made him/her deserving of the Shining Lights Scholarship? (Letters of recommendation are encouraged for highly qualified candidates.)

_____

_____

_____

_____	_____	_____
Signature	Print Name	Date
_____	_____	
E-Mail Address	Phone Number	

Questions regarding the application may be directed to shininglightsscholarship@gmail.com.