

## APPLICATION FORM

# 2021 LIONS CLUBS DISTRICT 35 O YOUTH EXCHANGE SCHOLARSHIP

(A PROGRAM FOR SENIOR CLASS HIGH SCHOOL STUDENTS IN LIONS DISTRICT 35 O)

DEAR APPLICANT: This Scholarship was created by the Lions Clubs of District 35 O to establish a suitable Memorial to commemorate the untimely death of Paivi Harittu, from Paimio, Finland. Miss Harittu, a Youth Exchange student traveling under the auspices of Lions Clubs International Youth Exchange Program, lost her life in a tragic automobile accident in Orlando on the evening of July 4, 1983. Scholarships are for \$1,000. They will be presented to outstanding students and may be used for educational purposes or other educational travel.

**THE DEADLINE FOR SUBMITTING (POSTMARKED) THIS APPLICATION IS FRIDAY, FEBRUARY 12, 2021.**

**PRINT IN INK ONLY – INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

### PERSONAL INFORMATION

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CURRENTLY EMPLOYED? \_\_\_\_\_ OJT \_\_\_\_\_ PART-TIME \_\_\_\_\_ FULL-TIME; HOURS PER WEEK: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

### FAMILY INFORMATION

FATHER'S NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

### EDUCATION INFORMATION

HIGH SCHOOL: \_\_\_\_\_ SCHOOL COUNTY: \_\_\_\_\_ GRAD YEAR: \_\_\_\_\_

FUTURE EDUCATION PLANS: \_\_\_\_\_

### PERSONAL STATEMENT

**ATTACH A TYPED OR PRINTED IN INK ESSAY (LIMITED TO ONE PAGE AND NO MORE THAN 350 WORDS; EXCEEDING EITHER OF THESE WILL RESULT IN DISQUALIFICATION) THAT ADDRESSES EACH OF THE FOLLOWING:**

- FINANCIAL NEED
- PERSONAL OR FAMILY ADVERSITY THAT HAS BEEN OVERCOME
- EXTRACURRICULAR INVOLVEMENT, LEADERSHIP AND AWARDS
- VOLUNTEER SERVICES AND/OR EMPLOYMENT
- FUTURE CAREER OBJECTIVES AND GOALS

I ATTEST THAT ALL INFORMATION IS ACCURATE AND THE ESSAY IS MY OWN CREATION.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

THE FOLLOWING TO BE COMPLETED BY THE SCHOOL GUIDANCE DEPARTMENT

STUDENT'S NAME: \_\_\_\_\_

RANK IN CLASS: \_\_\_\_\_ OF \_\_\_\_\_ UNWEIGHTED GPA: \_\_\_\_\_

NAME (PRINT): \_\_\_\_\_ TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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SEND TO: YOUTH EXCHANGE SCHOLARSHIP TRUST FUND  
C/O DENNIS DULNIAK  
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OVIEDO, FL 32765

TELEPHONE: 407-971-9966

EMAIL: [OWSLIONS@GMAIL.COM](mailto:OWSLIONS@GMAIL.COM)

