

Applicant Information:

Name (Last, First): _____

Grade(going into):_____ Age:_____ Birthdate:_____

Address:_____ Unit# _____

City:_____ State:_____ Zipcode:_____

Guardian Information:

Parent Name (Last, First):_____

Address:_____ Unit# _____

City:_____ State:_____ Zipcode:_____

Phone #:_____ Email:_____

Consent:

I _____, parent or legal guardian
of _____, approve and encourage my child in the
process of applying for the Leadership Award for Fanari Camp.

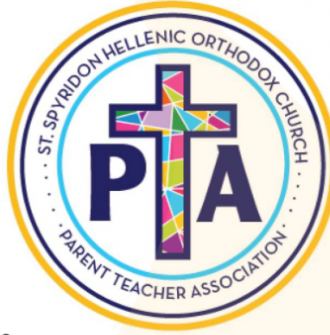
I understand that the award must be used only toward a session of Fanari Camp
this year and for no other purpose. ____ (initial)

I understand that if something changes, and my child is no longer able to attend we
will forfeit the award so that the next deserving applicant can attend. ____ (initial)

X _____ X _____

Parent Signature

Applicant Signature



Question 1:

What programs are you involved in at Saint Spyridon?

Question 2:

Do you regularly volunteer at church? What events have you volunteered at? Explain what your duties entailed. (This excludes groups and ministries like Handmaidens, Altar, Floga, GOYA, etc): _____

Question 3:

Approximately how many service hours have you received from your volunteer work within Saint Spyridon this school year of 2023-2024? _____

Question 4:

How else do you contribute to your community? Explain.

Question 5:

In your own words, please explain why you are deserving of this award and how do you think Fanari will help you grow spiritually? PLEASE TYPE 1-2 PARAGRAPHS EXPLAINING.

The entire application must be fully completed and returned by April 7th.

No late applications will be accepted. Applications can be emailed to spyridonpta@gmail.com or turned in to the church office with attention: PTA.