APPLICATION FORM

2027 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 35-0 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 $1,500. They will be presented to outstanding students and may be used for educational purposes or other educational travel.**

THE DEADLINE FOR SUBMITTING (POSTMARKED OR EMAILED) THIS APPLICATION IS FRIDAY, FEBRUARY 5, 2027.

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

PERSONAL INFORMATION

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: (____) _____E-MAIL CLEARLY PRINTED: _____

CURRENTLY EMPLOYED? _____ OJT _____ PART-TIME _____FULL-TIME; HOURS PER WEEK: _____

EMPLOYER: _____

FAMILY INFORMATION

PARENT/GUARDIAN #1 NAME: _____OCCUPATION: _____

ADDRESS: _____

PARENT/GUARDIAN #2 NAME: _____OCCUPATION: _____

ADDRESS: _____

EDUCATION INFORMATION

HIGH SCHOOL: _____SCHOOL COUNTY: _____GRAD YEAR: _____

FUTURE EDUCATION PLANS: _____

PERSONAL STATEMENT

ATTACH A TYPED ORIGINAL ESSAY (LIMITED TO ONE SEPARATE PAGE AND NO MORE THAN 350 WORDS; EXCEEDING EITHER WILL RESULT IN DISQUALIFICATION) THAT MUST ADDRESS EACH OF THE FOLLOWING:

- ***DEMONSTRATE FINANCIAL NEED***
- ***PERSONAL OR FAMILY ADVERSITY THAT HAS BEEN OVERCOME***
- ***EXTRACURRICULAR INVOLVEMENT, LEADERSHIP AND AWARDS (IN SCHOOL)***
- ***VOLUNTEER SERVICES AND/OR EMPLOYMENT (OUT OF SCHOOL)***
- ***FUTURE CAREER OBJECTIVES AND GOALS***

I ATTEST THAT ALL INFORMATION IS ACCURATE, AND THE ESSAY IS MY OWN CREATION WITHOUT USING AI.

ACTUAL SIGNATURE: _____ DATE: _____

THE FOLLOWING MUST BE COMPLETED BY THE SCHOOL GUIDANCE DEPARTMENT

STUDENT'S NAME: _____

RANK IN CLASS: _____ OF _____ UNWEIGHTED GPA: _____

NAME (PRINT): _____ TITLE: _____

PHONE: _____ E-MAIL CLEARLY PRINTED: _____

SIGNATURE: _____ DATE: _____

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FLORIDA DISTRICT 35-O ELIGIBLE HIGH SCHOOLS ARE IN BREVARD, CITRUS, FLAGLER, HERNANDO, LAKE, PART OF LEVY, ORANGE, OSCEOLA, POLK (NORTH OF HIGHWAY 60), SEMINOLE, SUMTER, AND VOLUSIA COUNTIES.

SEND TO: **YOUTH EXCHANGE SCHOLARSHIP TRUST FUND**

C/O DR. DENNIS DULNIAK

1772 CARILLON PARK DRIVE

OVIEDO, FL 32765

TELEPHONE: 407-592-6670

EMAIL: OWSLIONS@GMAIL.COM

REV 5-6-2026 DD