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