

The Valentine Braun Irrevocable Education Trust

PARISH PRIEST APPLICANT EVALUATION FORM

Fall Semester, August 2018-December 2018 and Spring Semester, January 2019–May 2019

Printed first and last name of the applicant that is being evaluated on this form.

Yes or No Is the applicant named above a member of an Orthodox Christian Church as of December 31, 2017? **If not, please do not fill out this form.**

If so, please state the name and full address of the church where the applicant is a member.

Please comment on the applicant’s participation for the previous 5 years in the following: (If necessary, please attach additional pages to this form.)

Church Activities

- Antiochian Woman Member or Officer _____
- Altar Server _____
- Bible Bowl Participation _____
- Choir _____
- Church Attendance _____
- Church Bookstore or Library _____
- Church Fundraising Activities _____
- Cleaning the Church Building or Yard _____
- Confession & Communion _____
- Oratorical Contest _____
- Orthodox Christian Fellowship Activities _____
- Orthodox Church Camps _____
- Parish Council Member or Officer _____
- Project Mexico, Let’s Help or other charitable organization _____
- Sunday School Teacher _____
- Teen SOYO Member or Officer _____
- Usher/Greeter/Coffee Hour Host _____

Parish Life Conference Creative Art Festivals

- Art _____ Creative Writing _____
- Poetry _____ Photography _____ Other _____

Teen SOYO Civic Related Activities

Awards or Recognitions _____
Community or Volunteer Activities _____
Clubs or Memberships _____
Leadership Positions _____
Other _____

Involvement in Other Church Related Activities (describe)

Comments and Recommendations

I certify that the information provided is complete and correct to the best of my knowledge. I understand that this information will be used to help determine if this applicant will receive a scholarship award from The Valentine Braun Scholarship and that the Scholarship Committee may contact me at the phone number listed below to discuss this information.

Priest Signature

Date

Printed Name of the Priest

Daytime phone number

Name of the Church(s) served by Priest

Please return this completed and signed Parish Priest Applicant Evaluation Form to the applicant so that he/she can include it with the rest of his/her scholarship application. Thank you.