



# The Valentine Braun Irrevocable Education Trust

## PARISH PRIEST APPLICANT EVALUATION FORM

Fall Semester, August 2025-December 2025 and Spring Semester, January 2026–May 2026

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, 2024? **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(es) 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.