



Lukach Memorial Scholarship Fund

Scholarship Application

Personal Data

First Name _____ Middle Name _____ Last Name _____

Address: _____
Street City State Zip code

Telephone: (home) _____ Mobile: _____

Email: _____

Education

Schools Attended: (beginning with the most recent)

Name/Location	Years Completed	Major	Degree	GPA
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Employment History

List all positions held, beginning with the most recent

Company #1: _____

Position: _____ Length of Employment: _____

Responsibilities: _____

Company #2: _____

Position: _____ Length of Employment: _____

Responsibilities: _____

Employment History (continued from first page)

Company #3: _____

Position: _____ Length of Employment: _____

Responsibilities: _____

Skills/Qualifications

Summarize any special training, skill, licenses and/or certificates:

Community/Outside Activities

List any professional, trade, business or civic associations and any offices held. You may exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or any other similarly protected status.

Organization

Offices Held

List any special accomplishments, awards, etc.

Career Goals

Desired Profession: _____

College/Vocational School Necessary to Achieve Certificate or Degree:

Name of School: _____

School Location: _____

Desired Certificate/Degree: _____

Are you presently enrolled? Yes _____ No _____

 If yes, please indicate:

 Anticipated year of graduation: _____

 Full time or part-time enrollment: _____

 Estimate of projected expenses for coming year: _____

References

Please attach with this completed application letter(s) of recommendation (maximum of three).

Self Appraisal

Describe below in your own words why you feel that you should be considered for this scholarship. You may use an additional page.

Self Appraisal (continued)

I submit this application as a true statement of facts for your consideration.

Signature _____

_____ Date

Return this completed application with references to:

Lukach Memorial Scholarship Fund
c/o VNA Foundation
2401 Valley Drive
Valparaiso, IN 46383
219-462-5195

Please return by May 1st