Florida Kiwanis Foundation
1001 Mayport Road P.O. Box #331433
Atlantic Beach, FL 32233

Maria Mychaniuk Kiwanis Scholarship
2027 Information and Application Form

INTRODUCTION:

The Maria Mychaniuk Scholarship is dedicated in memory of a quiet, dignified member of the Flagler County community. Ms Mychaniuk believed that students who have a sincere desire to succeed by furthering their education needed to be assisted in doing so and requested that the focus of this scholarship would be to provide an opportunity to those students that may have difficulty qualifying for other awards. She was a firm believer in community service and in such, asked the Kiwanis Club of Flagler County, through the Florida Kiwanis Foundation, to select a worthy student whose principles of community awareness, service, and commitment to making the area a better place to live would benefit by her generosity. On behalf of Maria Mychaniuk, the Kiwanis Club of Flagler County and The Florida Kiwanis Foundation are pleased to offer this scholarship.

ELIGIBILITY and CRITERIA FOR APPLICATION:

Applicants failing to meet these requirements will not be considered for this scholarship. In the event no one meets these standards, this scholarship will not be awarded. Applicant criteria is:

1. Must be graduating high school senior from any school within Flagler County, Florida. (Including Home Schools and Virtual School of Florida)
2. Applicant must have resided, and attended school, in Flagler County, Florida for a minimum of 2 years and be the child of a United States citizen.
3. Have an unweighted grade average of 2.0 or better on a 4.0 scale as noted on transcripts provided.
4. Provide financial need as determined by Scholarship Committee, with use of attached forms.
5. Must complete **this application**, with all forms, and send to the address provided below. **All forms must be <u>received</u> on, or before, April 15, 2027.**
6. Have performed at least 50 service hours in your community within the past 12 months.
7. Accepted to an accredited College, University, or Vocational School.

APPLICATION INSTRUCTIONS:

The application packet must be **received no later than April 15, 2027**; no late submissions will be considered. The application should be in a sealed manila envelope and contain the following: Emailed applications are acceptable. **(All forms to be typed or printed legibly)**

1. The completed current year Maria Mychaniuk Scholarship Application Form. **MUST!**
2. A copy of the applicant's most recent transcripts (either official or unofficial) which includes the Applicant's name, classes, and overall GPA. Note if GPA is weighted or non-weighted.
3. Financial information form: Must be completed by the student's financially responsible parent / guardian. A current year completed FAFSA form is encouraged but not required.
4. A detailed description of service hours in chronological order on Appendix "A". Make sure that the description of the project is detailed enough for the judges to determine if it is service.

5. Two (2) letters of recommendation from non-related persons; ie: Teacher, School Official, Counselor, etc.. Letters must outline the specific reason(s) why the student is deserving of this award.
6. Personal Essay by answering the **4 questions** listed below:
    a. What is your definition of Community Service and how can we instill the value of service into today's youth?
    b. Have you applied for, and received, any other scholarships or grants. If not, why?
    c. Knowing that this scholarship will not cover all educational expenses, what other steps have you taken to secure your educational costs?
    d. What are your hopes and aspirations for the future and how does your educational plan meet those desires?

Essay to cover above 4 questions in 250 words or less per question, be typed on a separate page(s) and double spaced with 12-point Times Roman font.

CONTINUING DOCUMENTATION (for Recipient Only):
To continue receiving the award, student must provide proof of full-time enrollment each year and maintain an acceptable passing GPA as determined by the attending school. Also, each year the student is to provide a brief synopsis of how the scholarship has affected college life and enabled him/her to continue with community service within their community.

DISTRIBUTION of FUNDS:
The scholarship will be paid in equal yearly installments direct to the College, University, or Vocational School by the required date in August of the fall semester, upon proof of enrollment as a full-time student. Continuing documentation must also be submitted as requested.

All scholarship recipients will be required to complete a Consent & Release Form so their information may, or may not, be published by the Florida Kiwanis Foundation.

Distribution of this application is handled by the Flagler County Superintendent's office along with the High School's Guidance and / or Career Development Departments. The winner will be announced no later than 30 days following the due date of application and contacted by US Mail with procedures on receiving the award.

If the applicant wishes to have their submission returned, please supply the Florida Kiwanis Foundation with a self-addressed stamped envelope. A copy of the winning submission will be kept by the Foundation for future reference.

Applications missing any of the requirements above will be disqualified. The applicant should write their name on all forms and submissions. Be sure to include a summer phone number ande-mail address so we can contact you for any follow-up questions.
Completed applications should be mailed to: **Florida Kiwanis Foundation**
1001 Mayport Road P.O. Box #331433
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***Emailed applications are acceptable with same due date. Send to: Scholarship Committee at: info@floridakiwanisfoundation.org with "Mychaniuk Scholarship" in subject line.**

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Maria Mychaniuk Kiwanis Scholarship

2026 APPLICATION FORM

(Please print legibly)

Scholarship Term (check one):_1 year_2 years_3 years_4 years

1. Full Name _____
2. Home Address/City/Zip _____

   _____
3. Mailing address (if different than home address) _____

   _____
4. Email address _____
5. Home Phone _____ Cell _____
6. Current Grade Level and High School(s) attended _____

   _____
7. How long have you lived in Flagler County? _____ US Citizen? ___Yes___No
8. Cumulative GPA _____ (un-weighted) _____ (weighted)
9. Are you a Bright Futures Scholar recipient? _____yes _____no
10. Academic Achievements, include awards received _____

    _____

    _____

    _____
11. School involvement and accomplishments _____

    _____

    _____

    _____
12. Community involvement and accomplishments (As listed on Appendix "A")

    _____

    _____
13. Other personal interests and accomplishments _____

    _____

    _____

SCHOLARSHIP APPLICATION (Page 2)

14. Work experience _____

_____

_____

15. List grants and scholarships that you have applied for and note if any have been accepted:

_____

_____

_____

16. List colleges / universities applied to, in order of preference, and indicate those to which you have been accepted: _____

_____

_____

SIGNATURES:

I affirm that all the information that I have supplied in this application is true and accurate. I understand that failure to be enrolled as a full-time student for the fall and spring semesters at a College, University, or Vocational School will result in forfeiture of the scholarship.

Applicant's Name (print): _____

Applicant's Signature: _____ Date: _____

If applicant is under 18 years of age, parent or guardian must also sign. Age of Student: _____

Parent / Guardian Signature: _____ Date: _____

I affirm to the best of my ability that the information provided by this applicant is true and accurate.

Signed: _____
Principal or guidance counselor

Applicant understands that this is a one-time scholarship payable yearly in the amount of ($4,000) four thousand dollars, for a maximum of up to 4 consecutive years. The number of scholarships awarded is determined annually at the sole discretion of the Board of Trustees of the Florida Kiwanis Foundation, based on the available funds.

DO NOT FORGET TO INCLUDE YOUR LETTERS OF RECOMMENDATION AND ESSAY ON SEPARATE PAGES ALONG WITH ALL FORMS NOTED IN THE INSTRUCTIONS.

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FINANCIAL INFORMATION

(All financial matters will be kept confidential)

1. Student's full name _____
2. Parents'/guardians' full names _____
3. Permanent Address _____

   _____
4. Mailing address (if different than above) _____

   _____
5. Phone Numbers (home, work, cell) _____

   _____
6. Student's primary financially responsible parent/guardian: _____

   Place of employment _____

   Job Title _____ Years in present position _____

   Employer's Address _____

   _____

   Annual gross earnings from most recent federal tax return $ _____
7. Other financially responsible parent/guardian: _____

   Place of employment _____

   Job Title _____ Years in present position _____

   Employer's Address _____

   _____

   Annual gross earnings from most recent federal tax return $ _____
8. Total family net worth (Include cash, savings, checking accounts, stocks/bonds, mutual funds, net equity in real estate (other than primary residence) and any other investments. Do not include retirement programs. _____
9. Do you own your home? _____ Or rent a home/apartment? _____
10. Names and ages of all family members dependent on earnings of student's financially responsible parents/guardians. Asterisk (*) those family members currently in school.

    _____

    _____

    _____

FINANCIAL INFORMATION (Continued)

11. Please provide any comments or special circumstances that would assist in evaluating the student's need for financial aid:

_____

_____

_____

_____

12. Will student apply for a student loan (which must be repaid)? Yes____ No____

13. Student earnings and/or monies available for school:

Total current balance of cash, savings, and checking accounts,

and income from other sources (e.g., trusts, gifts, etc.): $ _____

Amount of current balance to be used for school $_____

Total estimated work earnings for the student $_____

Amount of student earnings to be used for school $_____

Annual amount of financial help from parents/guardians $ _____

14. School choices (prioritized):

School Name	Tuition & Fees per Semester

15. Scholarships, tuition waivers and other support already confirmed:

Source	Amount ($)

Other scholarships or funding expected or applied for:

Source	Amount ($)

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FINANCIAL INFORMATION SIGNATURE PAGE

Signatures of financially responsible parents/guardians *and* the student applicant:

I certify that all information in this application is true and correct.

Signature_____ Date_____
Student

Signature_____ Date_____
Financially responsible parent/guardian

Signature_____ Date_____
Financially responsible parent/guardian

EXAMPLES OF QUALIFYING SERVICE HOURS
(NOT ALL INCLUSIVE)

- Canvas local business for food for the elderly or indigent (can food drives)
- Youth counselor in summer camp (allow 10 hrs/day max. times total no. of days @ camp, not 24 hrs/day with kids)
- Make fruit baskets for delivering to elderly @ Christmas
- Work with Habitat-for-Humanity or similar groups
- Organize or work blood drives
- Work Rescue Mission, American Cancer Society, Heart Association, United Cerebral Palsy, etc.
- Drug free council work (DARE)
- Nursing home visits
- Special Olympics
- Kiwanis Pancake Days or local projects
- Work on any Kiwanis International Program
- School clean-up days
- Christmas gift wrapping
- Working with the elderly
- Mentoring, reading to youth, etc.
- Humane Society Work

EXAMPLES OF NON-QUALIFYING HOURS

- Organize Jr - Sr Prom
- Any activity you get paid to do
- Student / Faculty meetings, parties, homecoming activities, etc..
- Any sports event that doesn't result in proceeds going to a needy cause (for indigent kids, elderly, human society efforts)

Appendix "A"
SERVICE HOURS WORKSHEET (Make additional copies as needed)

DATE OF ACTIVITY	ACTIVITY TITLE	BRIEF DESCRIPTION OF WORK PERFORMANCE	NAME OF ADVISOR TO VERIFY HOURS	EMAIL / PHONE OF ADVISOR	ACTIVITY HOURS
				TOTAL HOURS	

Applicants Certification: These hours accurately reflect community service hours I spent during my previous Year(s).

Applicant Signature	Advisor / Counselor Signature (Required)	Date