



DIOCESE OF SPRINGFIELD IN ILLINOIS

OFFICE FOR CATHOLIC EDUCATION

Father Yunker Lithuanian Student Assistance Fund

Below is the information for college students with Lithuanian ancestry to apply for a scholarship grant towards their college tuition. This fund was established per the will of Father Stanley O. Yunker, former priest of St. Vincent de Paul Lithuanian Catholic Church in Springfield, Illinois after he died in 1975.

Qualifications of the applicants are:

1. **Must be a practicing member of the Roman Catholic Church.**
2. **Must be of Lithuanian ancestry**
3. **Must be attending a recognized seminary, college or university.**
4. **A copy of your transcripts must accompany this application** which would be your high school transcripts if you are in your first year of college.

Interested students should complete the application on the following pages and return it to the below address by close of business **Thursday, November 30, 2023**. The scholarship is not automatically renewed. If awarded, applicants may receive the scholarship for a maximum of four years of active college attendance.

NOTE: If scholarship criteria is not met and any parts of the application are incomplete or illegible, other required documents are not included with the application, or not in our offices by the above deadline, said application will not be considered for approval. If mailing your application packet, mail early to allow time to reach our offices by the above deadline. Student must be reachable by phone or email if there are questions during the approval process.

Father Yunker Lithuanian Student Assistance Fund
Attention: Superintendent for Catholic Schools
Diocese of Springfield in Illinois
1615 West Washington Street
Springfield, IL 62702
dklinner@dio.org

FATHER YUNKER LITHUANIAN STUDENT ASSISTANCE FUND

DESCRIPTION: Lithuanian Student Assistance Fund makes scholarships available to deserving seminary, college or university students who are a practicing member of the Roman Catholic Church and of Lithuanian ancestry.

INSTRUCTIONS: This application must be fully completed and returned to the following address by the close of business **Thursday, November 30, 2023.**

Father Yunker Lithuanian Student Assistance Fund
Attention: Superintendent for Catholic Schools
Diocese of Springfield in Illinois
1615 West Washington Street
Springfield, IL 62702
dklinner@dio.org

**A COPY OF YOUR TRANSCRIPTS (HIGH SCHOOL IF IN FIRST YEAR OF COLLEGE)
MUST ACCOMPANY THIS APPLICATION.**

PLEASE PRINT

All areas must be completed.

NAME: _____ HOME PHONE: _____
(LAST) (FIRST) (MIDDLE INITIAL)

EMAIL: _____ CELL PHONE: _____

DATE OF BIRTH: _____ MARITAL STATUS: _____ IS SPOUSE IN COLLEGE? _____
(MM/DD/YYYY) (MARRIED/SINGLE) (YES/NO)

PERMANENT ADDRESS: _____



COLLEGE INFORMATION

School Presently Attending: _____

Proposed/Present major Field of Study: _____

Date of Planned Enrollment: _____

Enrollment Status (check one): Year 1 Year 2 Year 3 Year 4

Are you applying for other Financial Aid? _____

Why are you deserving of help? (100 words or less)

CHARACTER REFERENCES

Name three adults not related to you and not connected with the college whom we may contact concerning your character and dependability.

Name Occupation

Street Address: Telephone

City State Zip Code

Name Occupation

Street Address: Telephone

City State Zip Code

Name Occupation

Street Address: Telephone

City State Zip Code

Are you presently a practicing Catholic? YES NO

To what parish do you belong?

Pastor's Name:

Address: _____

Phone Number: _____

PARENTAL INFORMATION
MUST BE COMPLETED BY ALL APPLICANTS

Father/Stepfather:

Name

Age

Address:

City

State

Zip Code

Telephone

Mother/Stepmother:

Name

Age

Address:

City

State

Zip Code

Telephone

If none of the above are living, please list name and address of nearest living Lithuanian relative.

State your Lithuanian ancestry:

FINANCIAL INFORMATION

Estimated Tuition & Board costs for 2023-2024 \$

| | | |
|--|----|-----------|
| Personal Funds (cash, savings, etc.) | \$ | |
| Private Loans | \$ | |
| *Total summer earnings | \$ | |
| *Total summer earnings reserved for school | \$ | |
| Earnings while at school | \$ | |
| Parental support | \$ | |
| Spouse’s support | \$ | |
| Scholarship received – Source: | \$ | |
| Veterans’ benefits | \$ | |
| Social Security | \$ | |
| TOTAL INCOME | | \$ |

**Enter only one of these amounts*

I certify that to the best of my knowledge, the information contained in this statement is correct and complete. I agree that the Superintendent for Catholic Schools in the Diocese of Springfield in Illinois has permission to verify the stated information.

Applicant’s signature

Date

Media Release:

I, the parent/guardian of the student applicant indicated above, do hereby give permission to release said student’s/family’s name for printed media publication and/or website and broadcast news and/or website.

Parent/Guardian Signature

Student name

Date