

2025 AMERICAN SOKOL

MERIT AWARD APPLICATION

## Application information

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| --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  |  | Applica-tion Date: |  |  |
|  |  | Last | First | M.I. |  |  |  |  |
| Address: |  |  |  | Phone: |  |  |
|  |  | Street address | Apt/Unit # |  |  |  |  |
|  |  |  |  | Email:  |  |  |
|  |  | City | State | Zip Code |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| For School Year Beginning: |  |  |  | Date of Birth: |  |  |  |  |
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| Sokol Unit: |  |  |

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| Unit President and email: |  |  |

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| --- | --- | --- |
| District President and email: |  |  |

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| --- | --- | --- |
| Name(s) of Parent/Guardian who is/are members with email address(s): |  |  |

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| Year Applicant Initiated as an adult member (if applicable): |  |  |

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| --- | --- | --- |
| High/Prep School attended with its City/State and Date of your graduation: |  |  |

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| --- | --- | --- |
| Name of College, University, or Trade School Attending or Planning to Attend: |  |  |

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| --- | --- | --- |
| Field of Study/Major: |  |  |

**Activities and Participation**

*Please be specific and provide dates, type of activity, and as much detail as possible. Use additional sheets as needed.*

1. **Cultural and Educational Activities** (e.g., Ethnic schools, cultural activities, dance groups, musical groups, theater, presentations to Sokol classes or other groups on Sokol history, traditions, or other topics)

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1. **Unit Participation** (e.g., Unit membership, fundraisers, building help, unit officer, parades and other community events to promote your Sokol unit at the local level. Do not include gym activities, Slet participation, clinics, schools, or camps)

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1. **District Participation and National Participation** (e.g., District and/or National Slet participation as a competitor/spectator, District clinics, National Board of Instructor School, National or District camp, attendance at District meetings, Youth ambassador, Convention delegate/observer, and/or other events to promote American Sokol)

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1. **Board of Instructor/Program Participation at Unit Level** (e.g., Gym classes, Dance classes, Clinics, Camps, Slets – include roles: participant, volunteer, spectator, competitor, counselor; Classes taught – include level, number of years, and title (assistant, head instructor), Judging history – include number of times and what you judged)

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1. **Other Community and Extracurricular Activities** (e.g., Non-Sokol activities such as Scouts, National Honor Society service projects, Habitat for Humanity, Civic organizations, and/or other volunteer opportunities)

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**Essay**

*On a separate sheet, type an original essay on the subject, “What are one or two positive Sokol experiences that have impacted my life?” Please double space the essay. The essay must be between 250 and 650 words.*

**Letter of Recommendation**

Please give the attached page to your Unit Educational Director, Unit Physical Director, Unit Dance Instructor, or Unit President. The Letter of Recommendation should be sent by them directly to education@americansokol.org to preserve confidentiality.

## Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

Note: Completed application, essay, and letter of recommendation must be received via email at ***education@americansokol.org*** by May 1, 2025.

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| --- | --- | --- | --- | --- | --- | --- |
| **Signature:** |  |  |  | **Date:** |  |  |

Give this page to your Unit Educational Director, Unit Physical Director, Unit Dance Instructor, or Unit President.

RECOMMENDATION

*Confidential*

Completed Recommendation should be sent from the Unit Educational Director, Unit Physical Director, Unit Dance Instructor, or Unit President to ***education@americansokol.org. by May 1, 2025.***

NOTE: The Unit Educational Director, Unit Physical Director, Unit Dance Instructor or Unit President, in this recommendation, will ascertain whether or not the applicant is a member in good standing, financial and/or otherwise. Please include what kind of leadership qualities the applicant possesses.

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| **Name (printed)** |  |  |

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| **Signature** |  |  |

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| --- | --- | --- |
| **Title and email** |  |  |

|  |  |  |
| --- | --- | --- |
| **Date** |  |  |

[ ] I have validated the good standing (financial and/or otherwise) of the member contained in this application.

***Return completed recommendation via email to education@americansokol.org. by May 1, 2025.***