

Polish American Congress of Arizona

2828 West Country Gables Drive
Phoenix, Arizona 85053
www.pacarizona.org



Application for Scholarship Administer by the Polish American Congress of Arizona

ALL QUESTIONS MUST BE ANSWERED IN FULL AND PAPERWORK SENT IN ONE-SIDED.

INCOMPLETE APPLICATIONS WILL BE DISQUALIFIED.

APPLICATION MUST BE RECEIVED BY APRIL 15, 2021.

ALL INFORMATION WILL BE HELD IN STRICT CONFIDENCE.

1) Applicant's Name: _____

2) Address: _____

3) Home Phone: _____ Cell Phone: _____

4) Email: _____

5) Date of Birth: _____

6) Gender Male Female

7) Name and Address of the College/University you will attend: _____

8) In the fall term, you will be:

Freshman

Sophomore

Junior

Senior

Graduate Student

9) Annual Tuition, excluding fees: _____

10) Major Field of Study: _____

11) SAT scores: Reading: _____ Math: _____ Writing: _____

and/or ACT Composite Score: _____

12) List your participation or membership in professional, cultural, military, ethnic, charitable, or community organizations:

13) Have you taken part in any community, church, organization, and/or school activities reflecting the Polish Heritage? If Yes, please specify

14) List any extracurricular activities in which you engaged and any honors, awards, or recognition you received:

15) Will you be receiving any other scholarships or grants? If Yes, specify the type, the source, and the amount of that financial assistance:

THIS APPLICATION FOR SCHOLARSHIP IS SUBMITTED WITH FULL KNOWLEDGE OF THE RULES AND REGULATIONS DETERMINING THE PROGRAM. FAILURE TO COMPLETE ALL THE QUESTIONS, OR REQUIREMENTS ON THE APPLICATION WILL RESULT IN DISQUALIFICATION. IF A SCHOLARSHIP IS AWARDED, THE RECIPIENT PLEDGES TO ABIDE BY THE RULES.

Applicant's Signature _____

Date _____

Parent's/Guardian's Signature _____

Date _____