

POLISH WOMEN'S CLUB, INC
SCHOLARSHIP APPLICATION
STUDENT'S CONFIDENTIAL STATEMENT

Applicant's Name _____ Date of Application _____

Home Address _____ Telephone _____
 Street Number City Zip Code

E-mail Address _____ Social Security Number _____

Date of Birth _____ Marital Status _____ If married, spouse's name _____

ARE YOU A U S CITIZEN: YES _____ NO _____

Ethnic Background _____ Mother's Maiden Name _____

CIRCLE ALL THAT APPLY:

Lives with parents
 Mother deceased

Maintains separate residence
 Father/Mother unable to work

Father deceased
 Retired

List Name and Relationship of Immediate Family Members	Age	Relationship to Applicant
Name _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EDUCATIONAL INFORMATION: Circle one of the following
 Entering Sophomore Junior Senior Graduate Post Graduate

Name of Institute attending _____

Have you been accepted at the college or graduate school of your choice? Yes _____ No _____

If Graduate student, name of Undergraduate College of University _____

Year degree received _____ Major _____

Degree toward which you are working _____ Number of year's to competition _____

Non-monetary honors, awards etc. received _____

Scores: ACT _____ SAT _____ Other _____

EXPENSES:

Tuition _____ Books/Fees _____

SCHOLARSHIPS:

Scholarships or assistance applied for and /or received _____
 (List)

Have you received an Illinois State Scholarship? If yes, what is the amount _____

Pell Grant _____ Other _____

INCOME:

Applicant's Annual Salary _____
No income submit how expenses were met _____

Applicant's Spouse's Annual Salary _____
Father's Annual Salary _____
Mother's Annual Salary _____
Other sources of income and amount _____

APPLICANT:

Employer _____
Address _____
Position _____

FATHER:

Name _____
Employer _____
Address _____
Position _____

ASSETS:

Home is Owned by Applicant or Parent _____
Year Purchased _____ Price _____
Unpaid Mortgage _____
Other Real Estate _____

Bank Accounts _____
Other Investments _____

IF MARRIED COMPLETE FOR SPOUSE

Name _____
Employer _____
Address _____
Position _____

MOTHER:

Name _____
Employer _____
Address _____
Position _____

TO BE CONSIDERED FOR A SCHOLARSHIP, THE APPLICANT MUST FULFILL ALL THE FOLLOWING REQUIREMENTS:

1. Be an American Citizen with at least one parent of Polish decent.
2. Permanent resident of the State of Illinois.
3. Exhibit and explain definite financial need.
4. Submit copy of parent, and/or spouses income tax return.
5. Good grades. Official transcript of grades must be sent to chairman. (undergrad and Grad)
6. Explain reason for choosing your major.
7. Explain heritage, student activities and community involvement. Include Polish activities.
8. Attach a picture. (Non-refundable)
9. Two letters of recommendation from someone other than a family member. One must be from acadamia.

The Polish Women's Civic Club, Inc. reserves the right to cancel any part of a scholarship grant in any current year if applicant does not maintain good grade average, or conducts himself in a manner unbecoming a person that is dedicated to receiving an education.

One of the objectives of the Polish Women's Civic Club, Inc. is financial assistance to deserving Chicago land students seeking higher education in **CHICAGO LAND UNIVERSITIES/COLLEGES**. To continue our work, it is the desire of this organization that students receiving our aid subscribe to our cause.

I agree to abide by the above and agree the statements are true

(Signed)

All Information must be **POSTMARKED BY** _____ **JULY 1, 2009**

PWCC. INC
Education Committee
P. O. Box 684
Lake Villa, IL 60046