

Polish American Cultural Society of Stamford, Inc.  
222 Ocean Drive East, Stamford, CT 06902-8134

This application is for **Students of Polish Descent** who will be attending college this fall.

**Deadline for Completed Scholarship Application is May 31.**

**Incomplete applications will not be considered, make sure you answer all the questions.**

Full Name: \_\_\_\_\_ Parish Affiliation: \_\_\_\_\_

Students Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Date and Place of Birth: \_\_\_\_\_

Fathers Full Name: \_\_\_\_\_ Home Telephone: (\_\_\_\_) \_\_\_\_\_

Mothers Full Name: \_\_\_\_\_ Maiden Name \_\_\_\_\_

Polish Extraction: Mother \_\_\_\_\_, Father \_\_\_\_\_, Grandfather \_\_\_\_\_, Grandmother \_\_\_\_\_

Fathers Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Mothers Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Fathers Annual Income: \_\_\_\_\_ Mothers Annual Income: \_\_\_\_\_

Brothers & Sisters, including yourself (oldest first):

Name	Age	Occupation	School or Employer
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

High School you are graduating from & Guidance Counselor: \_\_\_\_\_

College/University you will be attending: \_\_\_\_\_ Location: \_\_\_\_\_

Indicate the Annual Expense of your College/University you will be attending: \$ \_\_\_\_\_

What funds will you have for the coming year, including money you earn this summer. \$ \_\_\_\_\_

Amount your parents can contribute. \$ \_\_\_\_\_ Will you be living on campus? \_\_\_\_\_

Have you been awarded any Grants or Scholarships for the coming semester? \_\_\_\_\_

If yes, explain what you have received: \$ \_\_\_\_\_

What is/are your ultimate career choice(s)? \_\_\_\_\_

**Student:** Attach a 1 or 2 page maximum, double spaced, essay which **must** include following: Financial need, honors or awards received, work experience, school activities, service to the community and service to the Polish community. **Please use black ink when filling this out.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Guidance Department:** Please attach students transcript, SAT Scores, and Activity Sheet to this application. Mail application to the above address, **Attention Scholarship Chairman.**

Pat Koproski, Scholarship Chairman, 203-323-9944, oceanvu222@sbcglobal.net