



**POLISH WOMEN'S ALLIANCE OF AMERICA
KOSCISZKO FOUNDATION JAGIELLONIAN
UNIVERSITY SUMMER PROGRAM IN KRAKOW,
POLAND (MUST BE AT LEAST 18 YEARS OLD)
2010 SCHOLARSHIP APPLICATION
FOR THE 2011 POLAND SUMMER PROGRAM**

**ATTACH PHOTO
DO NOT STAPLE**

A total of one (1) paid four (4) week Poland Summer Program Scholarship plus a roundtrip airline ticket to Poland to attend this program will be awarded in 2010

(Application period begins August 1, 2010 to deadline postmarked September 30, 2010)

All Kosciuszko Foundation Jagiellonian Summer Program rules, regulations and requirements associated with this program apply to this award (www.thekf.org/kf/programs/summer/study/)

*Applicant must be a member in good standing for at least five (5) years, have at least \$3,000 in insurance coverage with PWA of A. *Term certificates, endowments, annuities, lapsed or suspended certificates and certificates with outstanding loans are **EXCLUDED** from eligibility.*

Please complete all the information on this sheet. The Scholarship Committee will not consider any incomplete, unsigned or late applications. They will be automatically rejected! The required essay should be typed in English and stapled to the application. Completed application, essay, wallet sized photo and any insurance application (if needed) must be submitted to Sharon Zago, Vice President, Polish Women's Alliance, 6643 N. Northwest Hwy, 2nd Fl, Chicago, IL 60631 postmarked no later than September 30, 2010.

Last Name _____ First _____ Middle _____

HOME ADDRESS _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____ E-mail _____

Date of Birth _____ Social Security Number: _____
(Must be 18 years old at time of travel to this summer program)

Member since:(year) _____ District _____ Council _____ Group _____

High School Graduation Date: _____

Full Name and Address of Full-Time College or University you attended or are attending:

City: _____ State: _____ Zip: _____

Major in College: _____



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Minimum of \$3,000.00 of insurance coverage excluding term, annuity and endowments*see page 1
Certificate Number(s) _____
Amount of Coverage _____

U.S. Citizen by birth _____ U.S Citizen by choice _____
(Must be attached proof of citizenship paper or birth certificate)

Please type on a separate sheet of paper, double spaced, your answer to the following questions with extensive detailed information. Also include your name, address and the date.

1. Did you participate in any PWAofA functions lately, if so, which ones? (Be specific)
2. Did any of your family members participate in PWAofA functions, which ones? (Be specific)
3. Please list any extracurricular activities.
4. I also volunteer to do _____ (be specific)
5. Would you be able to help with a PWAofA Project if asked?
6. Have you received a PWA scholarship before? Which one?

In your own words write and attach your 500-750 word essay on the following:

“What Polish Heritage Benefits Do I Anticipate to Gain by Attending
the Summer Program at the Jagiellonian University in Krakow, Poland ?”

Note to application: By signing this application form, I understand and agree that all information submitted on this form is accurate, and that the essay is in my own words and may be reprinted in the Glos Polek with my photo (enclose one wallet size photo, and completed media/photo release form). I also agree to all conditions of the Scholarship Committee’s requirements. If I am awarded a scholarship, I understand and agree that I must keep a minimum of \$3,000 insurance coverage in force for ten (10) years after receiving the last qualifying scholarship; otherwise the entire amount of this scholarship may be deemed a loan and a lien, to the extent thereof, on my (applicant-member’s) certificate or certificates. The entire amount of the scholarship is then due and payable immediately and to the extent it is not paid, it will carry an interest rate of 8% per year until paid in full.

Also, if I am chosen to receive this scholarship, I will comply with all further rules and regulations pertaining to this program set forth by the Kosciuszko Foundation. I understand that this scholarship and transportation funds are to be used only for my attendance at the 2011 Kosciuszko Jagiellonian Summer Program and that I will be responsible for all other costs involved. The Scholarship Committee will judge this scholarship. The decision of the judges is final and not subject to review. The Scholarship Committee has the right to request further documentation from the applicant, if required.

APPLICANT’S SIGNATURE

DATE _____

SCHOLARSHIP COMMITTEE: SHARON ZAGO, VICE PRESIDENT AND SCHOLARSHIP CHAIRMAN
COMMITTEE MEMBERS: ANTOINETTE TRELA-VANDER NOOT, SECRETARY-TREASURER
DIRECTORS: DAWN MUSZYNSKI NELSON, HELEN SIMMONS,
MARCIA MACKIEWICZ DUFFY, FELICIA S. PERLICK
EX-OFFICIO VIRGINIA SIKORA, PRESIDENT