Print Form

POLISH WOMEN'S ALLIANCE OF AMERICA UNDERGRADUATE COLLEGE SCHOLARSHIP PROGRAM APPLICATION FOR SCHOOL YEAR 2012-2013

Please read carefully all Polish Women's Alliance of America Undergraduate College Scholarship Program Requirements before proceeding to fill out this application.

All required undergraduate scholarship application information should be written in the English language. **The Scholarship Committee will not consider any incomplete, unsigned or late applications. They will be automatically rejected! There are no extensions!** The required essay must be typed on a separate sheet of paper, **WITH THE APPLICANT'S NAME AND ADDRESS ON IT.** The subject of our essay this year is as follows: In **300-500 words** write an essay as described in the program requirements. Please staple your essay to your application. Completed application, essay, media form, 2 wallet size photos, additional attachments and any insurance applications (if needed) must be **submitted to the Vice President, Polish Women's Alliance of America, 6643 N. Northwest Highway, 2nd Floor, Chicago, IL 60631 postmark deadline March 15, 2012.**

Last Name_____**First**_____**Middle**_____

Home Address: _____

City _____ **State** _____ **Zip** _____

Phone (___)_____ E-mail _____

Date of Birth:_____**Social Security Number:**_____

Member since (Year):_____**District**_____**Council**_____**Group**_____

High School Graduation Date:_____

College Name: _____**Major**_____

College Address_____

City: _____**State**_____**Zip**_____

In the Fall of 2012 I will be attending full-time undergraduate college on the following level:

Freshman_____ **Sophomore**_____ **Junior**_____ **Senior**_____

Major_____

Have you received a scholarship from PWA of A. in previous years? Yes_____ **No**_____

If yes, state the year(s) you received it: _____

Please continue this is page l of 2

ANSWER ALL QUESTIONS. DO NOT LEAVE ANY BLANKS.

NOTE: INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED!

ATTACH ADDITIONAL SHEET OF PAPER WITH ANSWERS IF YOU NEED MORE SPACE TO ANSWER QUESTIONS

How many members of PWA are in your family?_____ Please state their names and relationship to you.

_____

_____

What PWA activities have you participated in?_____

_____

1. What type of special talents do you possess? (Artistic, Musical, Creative, Dance, etc.)

_____

2. What sports do you play? _____

In formulating your answers for questions 3 & 4, please keep in mind that your assistance can be on the local, district or national levels and should be geared towards an activity/fundraising that will benefit future student members who are pursuing a higher education.

3. If given assistance by the PWA in the form of a scholarship, in what way do you feel you will be able to assist with future fundraisers and/or projects to promote the PWA? Please consider utilizing your acquired skills, talents and/or knowledge gained through your academic studies.

_____

_____

_____

_____

4. What activity, function or special interest would you like to see the PWA pursue so that you would want to participate more enthusiastically?

_____

_____

_____

_____

_____

Note to Applicant: By signing this application form, you understand and agree that any false or misleading documents or information will result in the applicant being disqualified from consideration. You are also confirming that you will be a full-time undergraduate college student and have completed at least your freshman year of full-time study at the time you will be using this scholarship, if it is awarded to you. You also agree to and have read all conditions of the Scholarship Committee's requirements and that the scholarship judges decision is final and not subject to review. If you are awarded a scholarship, you understand and agree that you must keep a minimum of $3,000 insurance coverage in force for ten (10) years after receiving the last qualifying moneys with no outstanding loans or cash withdrawals against this qualifying policy, otherwise the amount of such grant may be deemed a loan and a lien, to the extent thereof, on the applicant-member's certificate or certificates. Essays are the property of Polish Women's Alliance of America and may be selected to appear in future issues of *Glos Polek* or on the PWAA website.

APPLICANT'S SIGNATURE

_____**DATE**_____

SCHOLARSHIP COMMITTEE: VICE PRESIDENT - SCHOLARSHIP CHAIRMAN
COMMITTEE MEMBERS: DIRECTORS, FELICIA PERLICK,
MARY DERWINSKI, DAWN MUSZYNSKI NELSON, CZESLAWA KOLAK
EX-OFFICIO VIRGINIA SIKORA, PRESIDENT

QUESTIONS: SHARON ZAGO (email) vpres@pwaa.org (Toll free 1-888-522-1898 at ext. 208 or direct line 847-384-1208)
MAIL TO: SHARON ZAGO, VICE PRESIDENT, POLISH WOMEN'S ALLIANCE of AMERICA, 6643 N. NORTHWEST HIGHWAY, 2ND FLOOR, CHICAGO, IL 60631

Revised 12/13/2012

REVIEW YOUR APPLICATION BEFORE SUBMITTING
BLANKS SPACES EQUAL AN INCOMPLETE APPLICATION