

St. Joseph's Polish Society Memorial Scholarship

Name: _____ Phone: _____

Address: _____

Date of Birth: _____ Birth Place: _____

Father's Occupation: _____

Mother's Occupation: _____

Siblings Name _____ Age: _____ College Y/N: _____

_____ Age: _____ College Y/N: _____

_____ Age: _____ College Y/N: _____

Current High School you are attending: _____

College/University you plan to attend: _____

What is your Career Choice: _____

Estimated cost of First Year of Attendance:

Tuition: _____ Room & Board: _____

Commuting: _____ Books & Supplies: _____ Total _____

Will you work during the summer: _____ Will you work when attending Classes: _____

Specify Aid/Scholarships you applied for:

_____ Received? _____ \$ _____

_____ Received? _____ \$ _____

If you have a parent or grandparent who is a current member of St. Joseph's Polish Society, please list name(s): _____

Criteria for the scholarship(s) include **financial need, scholastic record, attitude and leadership**. Please include a short essay telling the review board about yourself, your motivations and ambitions, and why you are an excellent candidate for this scholarship.

Counselor Verification: GPA: _____ Class Rank: _____

Counselor Signature: _____ Date: _____

Rev 02/20