

St. Joseph's Polish Society Memorial Scholarship
In memory of George T. Roman

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? _____ \$ _____

_____ Received? _____ \$ _____

The criteria for the scholarship(s) are based on financial need, scholastic record, attitude and leadership. Please include a short Essay which tells the review board about yourself, extracurricular activities you are involved in, your ambitions, and why you would be an excellent candidate for this scholarship.

Counselor Verification: GPA: _____ Class Rank: _____

Counselor Signature: _____ Date: _____