## POLONIA FOUNDATION OF OHIO, INC APPLICATION FOR STUDENT GRANT

APPLICANT NAME			
ADDRESS			
Address Email Address	City		Telephone #
Date of Birth		cen priorie	Σ #
Parents Names		_ Mother's Maiden Na	me
Parents Telephone #			
Student Marital Status	Spouse's Name (if app	licable)	
Are you of Polish heritage? Yes No If y	es, indicate lineage		
Siblings Name and Age			
Parents Address if Different from above			
Your Annual Family Income			
Under \$50,000 to \$75,000	to 100,000	Over \$	5100,000
Education High School		GP	'A
College		GDA	
College		GFA	
Have you been accepted to a two-year or four-	-year college or university	/? Yes No	
College attending in Fall of 2025			
Address	City	St	Zipcode
Field of Study	Secondary		
In the fall semester I will be a: Freshman	Sophomore Jui	nior Senior	Graduate Student
Starting Date	Anticipated Gi	raduation Date	
Awards or other Scholarships Received to date	·		
Organizations Participated in and/or Services \	/olunteered		
Are you or any Family member's part of any Po	olish Organizations? Whic	h Organization and wh	no is involved?
<del></del>			
Hobbies, Interests, or Special Skills			

How are you financing your education? List as percentages. Family				
and inspired you?" Please identify why you find this individual fascinating and how they have served as a role model for you. This can be a historical figure or an individual that is currently living. Be original and creative. You will be graded on composition, creativity and originality. Attach your essay to this application, as well as other requirements on the instruction sheet.  I affirm that the statements and representation contained in this application are truthful. I am of Polish descent, a citizen or permanent resident of the United States, and a resident of the State of Ohio. I have new received a Scholarship Grant from the Polonia Foundation (this limitation may be ignored, but only if you are applying law school scholarship.) I further acknowledge that any misinterpretation may invalidate my right to be considered for a scholarship grant from the Polonia Foundation. In accepting this grant from the Polonia Foundation, I understand the grant is to be credited to my account at the school I will be attending.  Applicant Signature		nily% Grants	% Loans	%
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(If applicant is under 18 years of age)  Please print Instruction sheet. Be sure to follow instructions. Applications will be rejected if instructions are	Applicant Signature	Date		
·	Parent or Guardian Signature(If applicant is under 18 years of age)	Date		
	not followed.			