

Scholarship Application

(PLEASE PRINT OR TYPE)

PERSONAL:

Name:	Social Security No.:	
Address:	Home Phone: ()	
City/State/Zip:		
Date of Birth:	Place of Birth:	
FAMILY:		
	Home Phone: ()	
	Membership in the A.P.C.S. (One full year of membership prior to	
Application):		
Number of Brothers/Sisters:	List Ages:	
Combined total annual income of Pa	arent(s)/Guardian(s):	
	College/University:Based on	
	urricular Activities:	
	ve been accepted/are attending:	
OTHERS:		
Community Service/Activities:		
Honors and Awards:		
CAREER:		
Goal:		

FINANCIAL:		
Indicate any important information concerning your financial need for a scholarship: Other scholarship/grants you have already been awarded (name, amount and period covered):		
APPLICANT:	Date	
Parent(s)/Guardian(s):	Date	
I certify that the information on this application is factually will be disqualified from consideration for an A.P.C.S.	ual. I understand that if the information is found to be fraudulent I scholarship.	
In addition to a completed application form, the be considered. Please check the lines below to	e following items must be included before your application can indicate that the items are included:	
Three (3) recommendations (two must beHigh School/College transcript (official ofBrief Statement of 200-300 words on: <i>W</i>		
Eligible recipient	s must have a <u>GPA of 3.2 or better.</u>	
	A.P.C.S. office in a sealed envelope marked APPLICATIONS is APRIL 30-th of each year.	
Please mail to:		

AMERICAN POLISH CULTURAL SOCIETY c/o A.P.C.S. SCHOLARSHIP COMMITTEE

2975 East Maple Road Troy, MI 48083

* Also, please attach (paperclip it, do not staple through it) a good close-up **photograph** for publicity purposes. Photo will not be returned.