

Scholarship Application

(PLEASE PRINT OR TYPE)

PERSONAL:	
Name:	
	Home Phone: ()
City/State/Zip:	
Date of Birth:	Place of Birth:
FAMILY:	
Name of Parent(s)/Guardian(s):	
Address:	Home Phone: ()
City/State/Zip:	
Name of Parent(s)/Guardian(s) with Mer	mbership in the A.P.C.S. (One full year of membership prior to
Application):	
Number of Brothers/Sisters:	List Ages:
SCHOOL:	
Presently attending – High School/Colleg	ge/University:
High School Graduation Date:	Overall Grade Point Average:Based on a
G.P.A. Extra-curric	ular Activities:
University/College to which you have be	en accepted/are attending:
Major Area(s) of Study:	
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):				
			SIGNATURES:	
			APPLICANT:	Date
Parent(s)/Guardian(s):	Date			
	is factual. I understand that if the information is found to be fraudulent, om consideration for an A.P.C.S. scholarship.			
In addition to a completed application, the followant be considered. Please check the lines below	owing items must be included for your scholarship application w to indicate that the items are included:			
Three (3) recommendations (two must b High School/College transcript (official Essay 250-350 words profiling 2 individ made lasting contribution to world civili	copy) duals of Polish Heritage who have			
•	the A.P.C.S. office in a sealed envelope marked confidential. LL APPLICATIONS is MAY 23, 2022			

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 a good close-up photograph for publicity purposes.