

## Polish University Club of Los Angeles Scholarship Application Form

Applicant Name: \_\_\_\_\_  
First MI Last

Permanent 'Cf f t g u u: \_\_\_\_\_ a \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ Personal e-mail: \_\_\_\_\_

Date of Birth: City \_\_\_\_\_ / State \_\_\_\_\_ / ZIP \_\_\_\_\_  
MM / DD / YY Place of Birth: \_\_\_\_\_  
City State/Country

Mother's Maiden Name: \_\_\_\_\_

Current Cumulative GPA: \_\_\_\_\_ Most Recent Quarter/Semester GPA: \_\_\_\_\_

### Education History

Dates Attended	School Name & Location	Degree Attempted	Degree Received?	Currently Enrolled?
			Yes / No	Yes / No
			Yes / No	Yes / No
			Yes / No	Yes / No

Name of College You Will Be Attending Next Fall: \_\_\_\_\_  
School Name Location

Other Scholarships or Grants for Which You Have Applied and/or Have Been Awarded  
 (They Will Not Count Against Your Award)

Year	Name of Scholarship/Grant

### Your Work Experience During the Past Two Years

Dates Employed	Employer Name	Contact Information	Name of Supervisor	PT or FT
				PT / FT
				PT / FT
				PT / FT

Do You or Does Any Member of Your Family Belong to the Polish University Club? \_\_\_ \_ Yes / \_\_\_ \_ No  
 If Yes, Name of Member: \_\_\_\_\_

**APPLICATION AND ALL ACCOMPANYING DOCUMENTATION MUST BE POSTMARKED NO LATER THAN APRIL 20, 2025. FAILURE TO COMPLY WILL RESULT IN DISQUALIFICATION.**

I attest that all information provided and all statements made on my application are true and accurate to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_