



# POLAND SCHOLARSHIP FUND



Box 134  
Poland, ME 04274  
POLAND SCHOLARSHIP FUND APPLICATION

NAME \_\_\_\_\_ AGE \_\_\_\_\_ PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
(If Different)

YEARS LIVED IN POLAND \_\_\_\_\_ POLAND COMMUNITY GRADUATE? \_\_\_\_\_ YEAR \_\_\_\_\_

HIGH SCHOOL ATTENDED \_\_\_\_\_ YEAR GRADUATED \_\_\_\_\_

NAME OF FATHER \_\_\_\_\_ NAME OF MOTHER \_\_\_\_\_

NAME OF LEGAL GUARDIAN \_\_\_\_\_

FATHER'S OCCUPATION \_\_\_\_\_ MOTHER'S OCCUPATION \_\_\_\_\_

INCOME OF PARENTS (ANNUAL) CIRCLE ONE: (UNDER 10,000) (10,000 - 20,000)  
(20,000 - 30,000) (OVER 30,000) \_\_\_\_\_

NUMBER OF DEPENDENT CHILDREN IN FAMILY \_\_\_\_\_ AGES \_\_\_\_\_

NUMBER OF STUDENTS IN FAMILY ALREADY IN PRIVATE H.S., COLLEGE OR VOC. TECH. SCH. \_\_\_\_\_

HAVE YOU BEEN ACCEPTED AT A SCHOOL \_\_\_\_\_ WHERE? \_\_\_\_\_

DO YOU PLAN TO ATTEND THIS SCHOOL? \_\_\_\_\_

HAVE YOU RECEIVED OTHER SCHOLARSHIPS? \_\_\_\_\_ IF YES, LIST \_\_\_\_\_

HAVE YOU APPLIED FOR OTHER SCHOLARSHIPS? IF YES, LIST \_\_\_\_\_

DO YOU HAVE A PART-TIME JOB? \_\_\_\_\_ HOW MUCH DO YOU EARN \_\_\_\_\_

HOW MUCH HAVE YOU SAVED TOWARDS YOUR EDUCATION? \_\_\_\_\_

WHAT ARE THE COSTS YOU MUST CONTRIBUTE FOR YOUR EDUCATION? \_\_\_\_\_

IS FINANCIAL ASSISTANCE NEEDED? \_\_\_\_\_

DO YOU QUALIFY FOR FEDERAL/STATE FINANCIAL AIDE? \_\_\_\_\_ IF SO, WHAT? \_\_\_\_\_

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STATE FINANCIAL NEED, INCLUDING SCHOLARSHIPS, GRANTS, LOANS ALREADY RECEIVED:

NAMES OF (3) PEOPLE (NOT RELATIVES) FOR CHARACTER REFERENCES:

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE # \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE # \_\_\_\_\_

ON BACK OF APPLICATION, WRITE A BRIEF INFORMATIVE ESSAY ABOUT YOURSELF AS A PERSON AND EDUCATIONAL PROGRAM YOU INTEND TO FOLLOW IN THE SCHOOL LISTED ABOVE.

I AFFIRM THAT THE ABOVE INFORMATION AND STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. IF I AM A RECIPIENT OF A POLAND SCHOLARSHIP, I WILL ENDEAVOR TO COMPLETE THE COURSE. SHOULD I VOLUNTARILY RESIGN, I ACCEPT THE RESPONSIBILITY TO REPAY IN FULL THE AMOUNT OF MY SCHOLARSHIP WITHIN ONE (1) YEAR OF MY WITHDRAWAL. I AM AWARE THAT WHAT THE POLAND SCHOLARSHIP COMMITTEE AWARDED ME WILL NOT BE SENT TO ME UNTIL AFTER I PROVIDE VERIFICATION OF SUCCESSFULLY COMPLETING MY FIRST SEMESTER OF SCHOOL.

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_ SIGNATURE OF PARENT \_\_\_\_\_