



Application for Scholarship Award
P.N.A. Educational Department
6100 N. Cicero Ave.
Chicago, IL 60646

Photo
*(Wallet Size
Please*

ALL QUESTIONS MUST BE ANSWERED IN FULL. INCOMPLETE APPLICATIONS WILL BE DISQUALIFIED. APPLICATION SUBMISSION DEADLINE IS APRIL 15TH. ALL INFORMATION WILL BE HELD IN STRICT CONFIDENCE.

1. Applicant's Name _____
Last First Name Middle Student ID No.
2. Address _____
Permanent address City State, Zip Telephone #
3. Date of Birth _____ Place of Birth _____
4. P.N.A. Membership Information: Lodge No. _____ Cert.No. _____ Date of Entry _____
5. Name and Address of School you will attend in the Fall: _____

6. In the Fall semester I will be a: Sophomore Junior Senior

Attached is a copy of my most recent official transcript: Yes No

The official transcript must be received by the PNA Educational Department before April 15th, otherwise the application will not be considered.
7. Estimated Annual Tuition Cost \$ _____
8. Applicant's Major _____
9. Cumulative Grade Point Average (min 2.5 GPA) _____
10. A. PNA Activities _____

B. Polish/Slavic Courses or Studies taken: _____

11. Have you taken part in any Community, Church, Organization and\ or School Activities reflecting the Polish Heritage: (singing, dance group, Polish Language Study, Polish Scouts etc. Please list your activities.

12. Please list other College activities, hobbies, awards, etc. _____

13. Voluntary Community Services _____

14. Have you previously received a scholarship award from P.N.A. Yes No
If yes, what year? _____ Amount \$ _____

15. Your Father or Guardian Name _____
Is he a member of P.N.A. Yes No
Lodge No. _____ Certificate No. _____ Date of Entry _____

16. Your Mother or Guardian Name _____
Is she a member of P.N.A. Yes No
Lodge No. _____ Certificate No. _____ Date of Entry _____

17. Parental PNA Activities: _____

18. Total number of children in family (including yourself) _____		Do they belong to PNA? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name	Age	Certificate No.	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If awarded a scholarship, I, _____, scholarship recipient promise to continue my PNA membership, at least five years after my award is issued. During the five years after my award my PNA membership must be in full force. In the event I am not a member for five years I will repay the Scholarship in full to the PNA

Applicant Signature Date

This application for scholarship is submitted with full knowledge of the Rules and Regulations determining the program. If a scholarship is awarded, the Recipient pledges to abide by these rules.

Date _____

Applicant's Signature

Date _____

Parent Signature