

**POLISH-AMERICAN BOARD OF EDUCATION OF BERKS COUNTY, PA  
SCHOLARSHIP APPLICATION**

NAME OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_  
FIRST MIDDLE LAST

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
HOUSE # STREET NAME  
CITY STATE ZIP DOB \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**EDUCATION:**

ELEMENTARY \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
JUNIOR HIGH \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
SENIOR HIGH \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

MY FOUR-YEAR DEGREE COURSE WILL BE AT \_\_\_\_\_  
IN THE USA MAJORING IN \_\_\_\_\_

NAME OF FATHER OR GUARDIAN \_\_\_\_\_ NATIONALITY \_\_\_\_\_

NAME OF MOTHER (MAIDEN) \_\_\_\_\_ NATIONALITY \_\_\_\_\_

ARE YOU OR YOUR PARENT(S)/GUARDIAN(S) MEMBERS OF ANY POLISH OR POLISH-AMERICAN CULTURAL OR SOCIAL ORGANIZATION? \_\_\_\_\_ IF YES, PLEASE LIST BELOW AND IDENTIFY FUNCTION(S):

\_\_\_\_\_  
\_\_\_\_\_

APPLICANT AND PARENTS AND/OR GUARDIANS AGREE TO ABIDE BY ALL OF THE PROVISIONS AND BY-LAWS OF THE BOARD AS PROMULGATED OR THAT MAY HEREAFTER BE ENACTED:

\_\_\_\_\_  
APPLICANTS SIGNATURE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

**SCHOOL:**

I, \_\_\_\_\_ RECOMMEND THE APPLICANT FOR THIS SCHOLARSHIP AWARD. \_\_\_\_\_ (APPLICANT'S) CLASS STANDING IS # \_\_\_\_\_ OF # \_\_\_\_\_ (TOTAL # IN CLASS). ATTACHED ARE COPIES OF THE LAST TWO (2) ACHIEVEMENT RECORDS OF THE APPLICANT.

\_\_\_\_\_  
PRINCIPAL'S SIGNATURE DATE

\_\_\_\_\_  
GUIDANCE COUNSELOR'S SIGNATURE DATE