

POLISH-AMERICAN BOARD OF EDUCATION OF BERKS COUNTY, PA
2021 SCHOLARSHIP APPLICATION

(10/2020)

NAME OF APPLICANT _____ DATE _____
FIRST MIDDLE LAST

ADDRESS _____ PHONE _____
HOUSE # STREET NAME

_____ DOB _____
CITY STATE ZIP

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 THE POLISH AMERICAN BOARD OF EDUCATION OR ANY OTHER 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 THEIR HIGH SCHOOL ACADEMIC RECORDS OF THE APPLICANT.

PRICIPAL'S SIGNATURE

DATE

GUIDANCE COUNSELOR'S SIGNATURE

DATE