



**Application for
The Richard C. Gorecki Scholarship
Administered by the
Polish American Congress Charitable Foundation
5711 N. Milwaukee Ave.
Chicago, IL 60646**

**ALL QUESTIONS MUST BE ANSWERED IN FULL. INCOMPLETE APPLICATIONS WILL BE DISQUALIFIED. APPLICATION SUBMISSION DEADLINE IS APRIL 15, 2017.
ALL INFORMATION WILL BE HELD IN STRICT CONFIDENCE.**

1. Applicant's Name _____
Last First MI Student ID#

2. Address _____
Street City State, Zip Home Phone

Cell Phone: _____ Email: _____

3. Date of Birth _____ Place of Birth _____

4. PAC Membership Information – attach copy of membership card to application

Member of:

Division _____ Year: _____

National Organization _____

Individual _____

5. Name and Address of School you will attend in the Fall: _____

6. In the fall semester, I will be a: [] Sophomore [] Junior [] Senior [] Post Graduate

Attached is a my most recent official transcript: [] Yes [] No,

The official transcript must be attached to the application and be received by the PACCF Scholarship Committee before April 15, 2017 otherwise the application will not be considered.

7. Estimated Annual Tuition Cost (excluding all other expenses): \$_____

8. Applicant's Major or course of study _____

9. Cumulative Grade Point Average _____ (min 3.0 GPA, applications with lower average will not be accepted).

10. A. PAC 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.) _____

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

13. Voluntary Community Services: _____

14. Have you previously received a scholarship award from the PACCF? [] Yes [] No
If yes, in what year: _____ Amount: \$ _____

15. Applicant's Father or Guardian Name: _____

Is he a member of the Polish American Congress? [] Yes [] No
State Division/Organization: _____

16. Applicant's Mother or Guardian Name: _____

Is she a member of the Polish American Congress? [] Yes [] No
State Division/Organization: _____

17. Total number of children in family (including yourself):

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

THIS APPLICATION FOR SCHOLARSHIP IS SUBMITTED WITH FULL KNOWLEDGE OF THE RULES AND REGULATIONS DETERMINING THE PROGRAM. FAILURE TO COMPLETE ALL THE QUESTIONS, OR REQUIREMENTS ON THE APPLICATION WILL RESULT IN DISQUALIFICATION. IF A SCHOLARSHIP IS AWARDED, THE RECIPIENT PLEDGES TO ABIDE BY THE RULES.

Date _____

Applicant's Signature

Date _____

Parent's Signature