



**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, 2018.  
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 current membership card or letter from PAC president to application. Only membership in PAC qualifies.

Member of:

Division \_\_\_\_\_ Year: \_\_\_\_\_

Or Individual National Membership \_\_\_\_\_

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, 2018 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

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**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