



**Application for  
The Richard C. Gorecki Scholarship 2020  
Administered by the  
Polish American Congress Charitable Foundation  
6645 N. Oliphant Ave. Suite A  
Chicago, IL 60631**

**ALL QUESTIONS MUST BE ANSWERED IN FULL AND PAPERWORK SENT IN ONE-SIDED.  
INCOMPLETE APPLICATIONS WILL BE DISQUALIFIED.  
APPLICATION SUBMISSION DEADLINE IS APRIL 15, 2020.  
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 received by the PACCF Scholarship Committee before April 15, 2020, 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 Service: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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):**

<b>Name</b>	<b>Age</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**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**