

POLISH JUNIOR LEAGUE OF MASSACHUSETTS, INC.
SCHOLARSHIP APPLICATION

Check which scholarship you are applying for:

Undergraduate Josephine Karwoski Memorial
 Helen Weber Memorial

Name in Full _____ Marital Status _____

Date of Birth ____/____/____ Place of Birth _____

Permanent/Voting Address _____

Home Phone (____)-____ Cell Phone (____)-____ School Phone (____)-____

Name of Parents (or Guardian) _____

Percentage of Polish Ancestry: Mother _____ Father _____

Undergraduate School _____ Major _____ GPA _____

Graduate School _____ Major _____ GPA _____

School you are planning to attend during 2018/2019 _____

Location _____

Anticipated Date of Graduation _____

Intended Major _____ Have you been accepted (*circle*) YES NO

Annual Tuition \$ _____ Books & Supplies \$ _____ Room & Board \$ _____

Where will you live (*circle*) ON-CAMPUS / HOME / OFF-CAMPUS

PERSONAL DATA:

Current Occupation _____ 2017 Annual Income \$ _____

Name and Address of Employer _____

Employer's Phone (____) _____ - _____ Years Employed _____

Will you be employed during the school year? (*Circle*) YES NO

What amount will you *personally* contribute toward college expenses \$ _____

Are you currently receiving financial aid through your college? (*Circle*) YES NO

What amount will you finance through loans/scholarships? \$ _____

Are you related to a member of the Polish Junior League? (*Circle*) YES NO

If yes, member's name _____ Relationship _____

Have you ever received a Polish Junior League Scholarship? (*Circle*) YES NO

If yes, what year? _____ What amount? _____

ESSAY:

ON A SEPARATE SHEET OF PAPER, TYPE A **ONE-PAGE** ESSAY DISCUSSING YOUR EDUCATION, CAREER GOALS, YOUR **POLISH HERITAGE**, AND HOW THIS AWARD WILL HELP YOU REACH YOUR GOALS.

IN ADDITION TO *ONE LETTER OF RECOMMENDATION (CURRENT)*, please provide TWO ADDITIONAL REFERENCES. (**EXCLUDE** family members.)

1. Name _____ Phone (____) _____ - _____
Address _____
Relationship to Applicant _____

2. Name _____ Phone (____) _____ - _____
Address _____
Relationship to Applicant _____

I, _____, the applicant, hereby sign this form and state that all information supplied in conjunction with this application is correct and true.

Signature _____ *Date* _____

******* APPLICATION DEADLINE: May 1, 2018 *******

MAIL COMPLETED APPLICATION AND ALL PAPERWORK TO:

Polish Junior League of Massachusetts, Inc.
Scholarship Chairperson
c/o 46 Harvey Street
Chicopee MA 01020
(No phone calls, please)

**Fall 2016 and Spring and Fall 2017 Official Transcripts, with Seal, are Required
From your school**

POLISH JUNIOR LEAGUE OF MASSACHUSETTS, INC.

SCHOLARSHIP APPLICATION RULES AND CHECKLIST

ELIGIBILITY:

All applicants for the *Helen Weber Scholarship*:

1. MUST be of Polish heritage.
2. MUST have a permanent address in Western Massachusetts (Berkshire, Franklin, Hampshire or Hampden County)
3. MUST be enrolled in the **sophomore year (36 credits minimum)** or higher in a two- or four-year accredited college or University.
4. MUST be a Media or Communication Specialist, Library Science, or Journalism major.
5. Have *never* received an Undergraduate Scholarship from the Polish Junior League of Massachusetts, Inc.

All applicants for the *Undergraduate Scholarship*:

1. MUST be of Polish heritage.
2. MUST have a permanent address in Western Massachusetts (Berkshire, Franklin, Hampshire or Hampden County)
3. MUST be enrolled in the **sophomore year (36 credits minimum)** or higher in a two- or four-year accredited college or University.
4. Have *never* received an Undergraduate Scholarship from the Polish Junior League of Massachusetts, Inc.

All applicants for the *Josephine Karwoski Memorial Scholarship*:

1. MUST be female.
2. MUST be of Polish heritage.
3. MUST be currently enrolled or accepted to a graduate degree program, OR a non-traditional student returning as an undergraduate student at an accredited institution.
4. MUST have a permanent address in Western Massachusetts (Berkshire, Franklin, Hampshire or Hampden County)
5. Have *never* received a Helen Weber, Undergraduate or Josephine Karwoski Memorial Scholarship from the Polish Junior League of Massachusetts, Inc.

SCHOLARSHIP CRITERIA: In order for your application to be considered, the following must be met:

1. This application must be complete, neat, and typewritten.
2. This application and all of its supporting information must be received by the Scholarship Committee Chairperson no later than the firm deadline of ***May 1, 2018***. (Supporting documents are: *one written letter of recommendation, one-page essay on Polish Heritage and goals, and Fall 2017 college transcript.*)
3. Official college/university transcripts must be supplied by your school and received no later than the firm deadline of ***May 1, 2018***. (Not a student copy)
4. A one-page essay discussing your education, **career goals** and your **Polish Heritage** must accompany this application.
5. One current letter of recommendation is required.
6. If more space is needed, attach an additional page. Be sure to put your name at the top of any attachments.
7. All information must be sent to:
***Polish Junior League of Massachusetts, Inc. ATTN: Scholarship Chairperson
c/o 46 Harvey Street, Chicopee MA 01020.***
8. In mid-May, you will be notified **ONLY** if you have been chosen to receive a scholarship.

All information contained within the application is kept confidential.