

**POLISH JUNIOR LEAGUE OF MASSACHUSETTS, INC.**  
**SCHOLARSHIP APPLICATION**

(please indicate 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 2024/2025 \_\_\_\_\_

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 \_\_\_\_\_ 2023 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 (Must be dated in 2024)**, 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 \_\_\_\_\_

**\* \* \* \* COMPLETED APPLICATIONS AND OFFICIAL  
TRANSCRIPTS MUST BE RECEIVED BY MAY 1, 2024  
\* \* \* \***

MAIL COMPLETED APPLICATION AND ALL PAPERWORK TO:

Polish Junior League of Massachusetts, Inc.  
ATTN: Scholarship Chairperson  
P. O. Box 56  
North Hatfield, MA 01066

**Fall 2022 and Spring and Fall 2023 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. Non-biological children of Polish parents, regardless of race or ethnicity, are encouraged to apply and are given equal consideration.
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)** at a four-year accredited College or University. Students who are completing a two-year program at a Community College and have been accepted and are transferring to a four-year College or University are eligible to apply.
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. Non-biological children of Polish parents, regardless of race or ethnicity, are encouraged to apply and are given equal consideration.
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)** at a four-year accredited College or University. Students who are completing a two-year program at a Community College and have been accepted and are transferring to a four-year College or University are eligible to apply.
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. Non-biological children of Polish parents, regardless of race or ethnicity, are encouraged to apply and are given equal consideration.
3. MUST be currently enrolled or accepted to a graduate degree program, OR a non-traditional student returning as an undergraduate student at a four-year accredited College or University.
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 printed.
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, 2024***. (Supporting documents are: *one written letter of recommendation dated in 2024, one-page essay on Polish Heritage and goals, and Fall 2022-Spring 2023-Fall 2023 college transcript.*)
3. **Official college/university transcripts** must be supplied by your school and received no later than the ***firm*** deadline of ***May 1, 2024*** (Official Transcript with Embossed Seal)
4. A one-page essay discussing your **education, career goals** and your **Polish Heritage** must accompany this application.
5. One or more current (must be dated in 2024) letters of recommendation are 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**  
**P.O. Box 56, North Hatfield, MA 01066.**

**P.** In mid/late-May, you will be notified ONLY if you have been chosen to receive a scholarship.