



PRCUA STUDENT SCHOLARSHIP GRANT PROGRAM

Requirements:

- ✓ An official transcript from the attending school must accompany this application
- ✓ Only Part-Time Graduate or Professional Students are eligible to apply for a Grant. Part-Time Undergraduate Students are not eligible
- ✓ Only Students who have successfully completed their Freshman year of Undergraduate studies are eligible
- ✓ Interview and Essay questions should be submitted in typed or electronic (email) format

If you have any questions, or for additional information, please contact us at ☎ 1-800-772-8632 or visit our website at www.prcua.org.

PLEASE PRINT IN INK, WITH CAPITAL LETTERS, IN ALL BLOCK AREAS

1. APPLICANT INFORMATION

Grid for FIRST (MI) LAST NAME

FIRST (MI) LAST NAME

Grid for STREET ADDRESS, CITY, STATE, ZIP CODE

STREET ADDRESS, CITY, STATE, ZIP CODE

Grid for PHONE NUMBER (Area code, number, extension)

PHONE NUMBER

Grid for APPLICANT'S DATE OF BIRTH (Month/Day/Year)

APPLICANT'S DATE OF BIRTH – (MONTH/DAY/YEAR)

Grid for TAX IDENTIFICATION NUMBER (SSN / EIN)

TAX IDENTIFICATION NUMBER (SSN / EIN)

Grid for DRIVER'S LICENSE NUMBER

DRIVER'S LICENSE NUMBER

Grid for STATE

STATE

Grid for PRCUA SOCIETY

PRCUA SOCIETY

Grid for PRCUA ROSTER

PRCUA ROSTER

Grid for APPLICANT'S AMOUNT OF INSURANCE

APPLICANT'S AMOUNT OF INSURANCE

Grid for PARENT/SPOUSE'S AMOUNT OF INSURANCE

PARENT/SPOUSE'S AMOUNT OF INSURANCE

Citizenship (check one)

- US Citizen Permanent Resident

Marital Status

- Single Married

Enrollment Status (check one)

- Full Time Part Time (see note above)

Grid for Yearly Tuition (Estimate If Necessary)

Yearly Tuition (Estimate If Necessary)

Current Status (check one)

- Sophomore Junior Senior Graduate/Professional Student _____ (1st year, 2nd year, etc.)

Grid for SCHOOL ATTENDING

SCHOOL ATTENDING

Grid for STREET ADDRESS, CITY, STATE, ZIP CODE

STREET ADDRESS, CITY, STATE, ZIP CODE

Grid for MAJOR COURSE OF STUDY

MAJOR COURSE OF STUDY

Grid for ACADEMIC PERIOD (FROM / TO)

ACADEMIC PERIOD (FROM / TO)

Grid for PHONE NUMBER OF SCHOOL

PHONE NUMBER OF SCHOOL

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1. APPLICANT INFORMATION

(continued from page 1)

I attest that the statements made in this Application are true and complete to the best of my knowledge and I hereby authorize the Polish Roman Catholic Union of America to investigate any and all statements and matters contained herein.

SIGNATURE OF APPLICANT

DATE

INTERNAL OFFICE USE ONLY

PROCESSED BY: _____ (PLACE DEPARTMENT RECEIVED STAMP BELOW)

PERSONNEL

DATE

APPLICATION NUMBER

