



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 format
- ✓ Application must be completed in its entirety (Do not submit resumes). **APPLICATIONS MUST BE TYPED. ANY HANDWRITTEN APPLICATIONS WILL BE IMMEDIATELY DISQUALIFIED!**

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

 FIRST (MI) LAST NAME

 STREET ADDRESS, CITY, STATE, ZIP CODE

(____) _____ - _____ x _____
 PHONE NUMBER

____/____/_____
 APPLICANT'S DATE OF BIRTH - (MONTH/DAY/YEAR)

 TAX IDENTIFICATION NUMBER (SSN / EIN)

 DRIVER'S LICENSE NUMBER

 STATE

 PRCUA SOCIETY

 PRCUA ROSTER

\$ _____,_____
 APPLICANT'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)

\$ _____,_____
 Yearly Tuition (Estimate If Necessary)

Current Status (check one)

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

 SCHOOL ATTENDING

 STREET ADDRESS, CITY, STATE, ZIP CODE

 MAJOR COURSE OF STUDY

____/_____
 ACADEMIC PERIOD (FROM / TO)

(____) _____ - _____ x _____
 PHONE NUMBER OF SCHOOL

(continued on back)

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

2. INTERVIEW

Please answer the following questions in the space provided. Do not attach any additional sheets or pages to this application form **except** an official transcript as provided by your attending school. In order to protect the anonymity of all the applicants, any additional sheets or pages will not be considered. The following information will be considered by the Scholarship Committee to determine the applicants who will receive PRCUA Scholarship Grants.

1. Please list all career goals. Be specific in how you plan to achieve those goals.

2. Please list all past accomplishments, educational or otherwise. Explain why those accomplishments were important in your life.

3. Please list all **educational** organizations to which you belong, including **academic** fraternities or sororities. Explain how your membership in those organizations assists you in achieving your career goals.

4. Please list all extra-curricular organizations to which you belong or extra-curricular activities which you enjoy performing.
