

# Polish Falcons of America Nest 946—Scholarship Application

mail completed application to: POLISH FALCONS NEST 946, P.O. BOX 283, MANVILLE, NJ, 08835

## SCHOLARSHIP APPLICATION DEADLINE—JUNE 1

### APPLICANT ELIGIBILITY REQUIREMENTS:

1. Applicant must be a member of Nest 946 for a minimum of FOUR years.
2. At least one parent must be a member of Nest 946 for a minimum of ONE year.
3. Applicant must graduate high school.
4. Applicant must submit a transcript of high school grades at time of application.
5. Applicant must have been accepted at one of the following schools on a FULL TIME basis:
  - a) a four year college or university
  - b) a two year community college
  - c) any other post high school FULL TIME school

### PERSONAL DATA

NAME: _____			
ADDRESS: _____			
TELEPHONE: _____	DATE OF BIRTH: _____	MALE: <input type="checkbox"/>	FEMALE: <input type="checkbox"/>
ARE PARENTS MEMBERS OF NEST 946?	ONE PARENT <input type="checkbox"/>	BOTH PARENTS <input type="checkbox"/>	

### COLLEGE DATA

NAME OF SCHOOL: _____	
ADDRESS OF SCHOOL: _____	
TYPE OF SCHOOL:	<input type="checkbox"/> 4 YEAR COLLEGE/UNIVERSITY <input type="checkbox"/> 2 YEAR COMMUNITY COLLEGE
	<input type="checkbox"/> OTHER (Please specify): _____

### HIGH SCHOOL DATA

NAME OF SCHOOL: _____	
ADDRESS OF SCHOOL: _____	

### EXTRA CURRICULAR ACTIVITIES DATA

LIST ALL NEST 946 ACTIVITIES YOU PARTICIPATED IN: _____
LIST OTHER EXTRA CULLICULAR ACTIVITIES YOU PARTICIPATED IN OR CLUBS YOU BELONGED TO: _____
OTHER: _____

*I certify that all above information is true to the best of my knowledge. I give permission to Nest 946 to obtain any additional high school grade or college information that may be required.*

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_

FOR OFFICE USE ONLY		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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