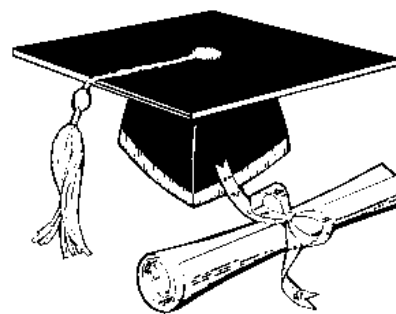


Polish Falcons of America

Dr. T.A. Starzynski Scholarship Program

2002-2003 School Year



Two Grant Levels

Falcon Achievement Scholarship — \$800 Grant

General Falcon Scholarship — \$500 Grant

The main objective of the Dr. T.A. Starzynski Scholarship Fund is to provide scholarships for deserving Falcon members who are aspiring to attend institutions of higher learning. Young men and women who are insured members of the Polish Falcons of America are invited to take part in applying for a scholarship grant.

CONDITIONS & QUALIFICATIONS

1. Applications are open to young men and women who are qualified, insured members of the Polish Falcons for a **MINIMUM OF FOUR YEARS.**
2. Candidates must be graduating high school seniors or presently enrolled undergraduates intending to pursue further education in the fall as a full-time student (minimum 12 credit hours) in an accredited two or four year college or university.
3. **Falcon Achievement Scholarship** — This scholarship is for PFA members who have taken an active part in the Polish Falcon programs and participated in Nest, District and National activities, and taken an active part in community service programs.
3. **General Scholarship** — This scholarship is for PFA members who have not been active participants in the Polish Falcons programs. However, candidates must have taken an active part in community service and/or volunteer programs.
4. Applicants must have a minimum cumulative Grade Point Average (G.P.A.) of 2.0 out of 4.0.
5. There is no limit to the number of applicants from any one Nest or District.
6. Only one scholarship per recipient will be allowed.

Application Procedures

Those who are interested in applying for these scholarship grants may request an application by writing to: Patricia “Trish” Del Busse, Polish Falcons of America, 615 Iron City Drive, Pittsburgh, PA 15205-4397. You may also download the application from www.polishfalcons.org or contact the National Director from your District.

The packet you receive should include the following items:

- Application
- Transcript Request
- Nest Recommendation

Following is the process required by the Scholarship Committee:

- 1) Complete the entire application.
- 2) Follow the directions on the Transcript Request Form. The Transcript Request Form and an official high school or college transcript (with affixed seal) must be returned by the deadline.
- 3) If applying for the Falcon Achievement Scholarship (\$800 Grant) the Confidential Nest Recommendation Form must be completed by your Nest officers. This form is not required for the General Scholarship. We recommend you submit this form to your Nest before the next regular meeting in sufficient time to meet the deadline.
- 4) Include a wallet-size photo of yourself. (Photos of scholarship recipients are printed in the Polish Falcon newspaper.) Print your name and Nest number on the back of the photo.
- 5) Return all of the above to: Patricia “Trish” Del Busse, PFA Scholarship Committee Chairperson, 615 Iron City Drive, Pittsburgh, PA 15205-4397.

For questions or more information please call toll-free at 1-800-535-2071.

Application Deadline—February 4, 2002

(All forms must be postmarked by February 4, 2002)

The Dr. T.A. Starzynski Scholarship Committee includes: Patricia Del Busse, Chairperson
Richard Anderson, John Bartus, Robert Billings, Catherine Mlynarczyk and Marian E. Wesolowski



DR. T.A. STARZYNSKI SCHOLARSHIP APPLICATION

(Must be postmarked by February 4, 2002)

Please answer ALL questions. If unable, submit explanation.
TYPE or PRINT all information LEGIBLY.

I am applying for (check one):

- Falcon Achievement Scholarship (\$800 Grant)
 General Falcon Scholarship (\$500 Grant)

PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Birth Date: _____ Social Security No.: _____

First and last name of parents or guardian: _____

FALCON INFORMATION

Member of Falcon Nest: _____ City/State: _____

Date of Membership: _____ Certificate No.: _____

EDUCATION

High School or College now attending	Location	Dates of Attendance
_____	_____	_____ to _____
_____	_____	_____ to _____

Date of Graduation: _____

Name of accredited College or University you are or will attend as an undergraduate.

_____ City: _____ State: _____ ZIP: _____

Will this be your 1st 2nd 3rd 4th year?

Indicate course of studies.

(a) Major: _____ (b) Minor: _____

COMMUNITY SERVICE

List volunteer activities outside of school. Include dates of participation. If additional room is necessary, attach additional sheet.

Essay (maximum 50 words)

Please explain how the Polish Falcons of America will be a part of your life in the future.

Have you applied for any other scholarship? Yes No

If yes, with whom? _____

If you receive a full scholarship, are you willing to relinquish the Dr. Starzynski Scholarship? Yes No

I hereby certify that this application contains no misstatements or omissions of material facts and that I will comply with the regulations of the Polish Falcons of America pertaining to its Scholarship Fund if this application is accepted.

Applicant's Signature: _____

Date: _____

**POLISH FALCONS OF AMERICA
DR. T.A. STARZYNSKI SCHOLARSHIP
615 Iron City Drive
Pittsburgh, PA 15205-4397**

CONFIDENTIAL NEST RECOMMENDATION

To Be Filled Out By Nest Officers Only

This form must be completed and signed for applicant to be eligible for Falcon Achievement Scholarship.

Name _____ Nest _____

Please place an "X" in the to indicate the applicant's participation in the Polish Falcons of America activities.

NEST ACTIVITIES

Yes	No	N/A		Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PFA Sports Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Volunteer for Weekly Bingo
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekly Bowling League	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Volunteer for Visits to Nursing Homes, Shut-ins
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Folk Dance Team				Volunteer for _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Instructor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Volleyball League
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Officer				Fund Raising
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Participant in Parades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meetings
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Volunteer in Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Volunteer for Party Decoration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Volunteer for Clean-up Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

DISTRICT ACTIVITIES

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Instructor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Officer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Golf Tournament
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bowling Tournament
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Volleyball Tournament
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Zlot
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fund Raising
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meetings
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____

NATIONAL ACTIVITIES

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Zlot
<input type="checkbox"/>	<input type="checkbox"/>	Convention
<input type="checkbox"/>	<input type="checkbox"/>	Walking Program
<input type="checkbox"/>	<input type="checkbox"/>	National Camp
<input type="checkbox"/>	<input type="checkbox"/>	Volleyball Tournament
<input type="checkbox"/>	<input type="checkbox"/>	Bowling Tournament
<input type="checkbox"/>	<input type="checkbox"/>	Softball Tournament
<input type="checkbox"/>	<input type="checkbox"/>	Golf Tournament
<input type="checkbox"/>	<input type="checkbox"/>	Folk Dance Competition
<input type="checkbox"/>	<input type="checkbox"/>	Coloring Contest

We hereby certify that we have reviewed the Scholarship Application for _____ and that the above information is true.

Signatures _____
Nest Instructor

Date _____
Nest Financial Secretary

THE STUDENT'S APPLICATION (INCLUDING THIS FORM) MUST BE POSTMARKED BY FEBRUARY 4, 2002.

**POLISH FALCONS OF AMERICA
DR. T.A. STARZYNSKI SCHOLARSHIP
615 Iron City Drive
Pittsburgh, PA 15205-4397
Phone: (412) 922-2244 Fax: (412) 922-5029**

To be completed by a
high school senior or
graduate, not yet enrolled
in a college or university.

HIGH SCHOOL/SECONDARY SCHOOL TRANSCRIPT REQUEST FORM

STUDENT SECTION:

Please fill in the information below and submit this form to your Guidance Counselor.

Submit an official transcript of high school records, **with affixed seal**, and S.A.T. or A.C.T. scores.

This form and the official transcript must be returned to: Patricia Del Busse, Scholarship Chairperson, Polish Falcons of America, 615 Iron City Drive, Pittsburgh, PA 15205-4397 by the deadline.

Name _____
Student's full legal name—last name first

Address _____
City/State _____ ZIP _____

Social Security No. _____ Date of Birth _____ Sex _____

School Name _____ Phone (____) _____
Area Code and Number

Address _____
City/State _____ ZIP _____

COUNSELOR SECTION: (Complete sections that apply)

This is to certify that _____
(Student's name)

has attended the above named school from _____ to _____
(month and year) (month and year)

Expected Graduation Date _____

This candidate ranks _____ in a class of _____.

Cumulative G.P.A. _____ through _____ semesters.

S.A.T./A.C.T. scores and date _____.

RECOMMENDATION: Please rank the student in the following categories:

	<u>Below Average</u>	<u>Average</u>	<u>Above Average</u>	<u>Excellent (top 10%)</u>	<u>Outstanding (top 5%)</u>
For academic promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For character and personal promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall recommendation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments concerning this candidate _____

Counselor _____
(Signature and Title)

Date _____

THE STUDENT'S APPLICATION MUST BE POSTMARKED BY FEBRUARY 4, 2002.

**POLISH FALCONS OF AMERICA
DR. T.A. STARZYNSKI SCHOLARSHIP
615 Iron City Drive
Pittsburgh, PA 15205-4397**

Phone: (412) 922-2244 Fax: (412) 922-5029

**To be completed by a
currently enrolled college
or university student.**

COLLEGE TRANSCRIPT REQUEST FORM

STUDENT SECTION:

Please fill in the information below and submit this form to your Dean or Counselor.

Submit an official transcript of academic records, **with affixed seal**, from school now attending.

This form and the official transcript must be returned to: Patricia Del Busse, Scholarship Chairperson, Polish Falcons of America, 615 Iron City Drive, Pittsburgh, PA 15205-4397 by the deadline.

Name _____
Student's full legal name—last name first

Address _____
City/State _____ ZIP _____

Social Security No. _____ Date of Birth _____ Sex _____

School Name _____ Phone (____) _____
Area Code and Number

Address _____
City/State _____ ZIP _____

DEAN/COUNSELOR SECTION: (Complete sections that apply)

This is to certify that _____
(Student's name)

has attended the above named school from _____ to _____
(month and year) (month and year)

Expected Graduation Date _____

This candidate ranks _____ in a class of _____.

Cumulative G.P.A. _____ through _____ semesters.

RECOMMENDATION: Please rank the student in the following categories:

	Below Average	Average	Above Average	Excellent (top 10%)	Outstanding (top 5%)
For academic promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For character and personal promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall recommendation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments concerning this candidate _____

Dean/Counselor _____
(Signature and Title)

Date _____

THE STUDENT'S APPLICATION MUST BE POSTMARKED BY FEBRUARY 4, 2002.