

Application for  
The Majer & Lakowski Families  
Memorial Scholarships

Administered by the  
Polish American Congress Charitable Foundation  
6645 N. Oliphant Ave. Suite A  
Chicago, IL 60631

**ALL QUESTIONS MUST BE ANSWERED IN FULL.  
INCOMPLETE APPLICATIONS WILL BE DISQUALIFIED.  
APPLICATION SUBMISSION DEADLINE IS MARCH 15, 2020.  
ALL INFORMATION WILL BE HELD IN STRICT CONFIDENCE.**

**Description of Scholarships**

Scholarships will be granted to full-time undergraduate or graduate students majoring in either engineering or business administration at a public state university or college. Preference shall be given to applicants who will be juniors, seniors, or graduate students in the fall term.

The maximum amount of the scholarship will be equal to the total annual tuition charge, not including fees, for a student classified by the institution involved as a state resident. That amount will also be awarded to a student classified as a state non-resident. However, in either case, that maximum amount will be reduced by an amount equal to the amount of a scholarship or grant awarded to the applicant by some other organization.

The scholarships are renewable and are awarded on the basis of academic merit and need.

# APPLICATION

## MAJER & LAKOWSKI FAMILIES MEMORIAL SCHOLARSHIP

1) Applicant's Name \_\_\_\_\_  
*Last* *First* *Initial*

2) Address \_\_\_\_\_  
*Number & Street*

\_\_\_\_\_ *City* *State* *Zip Code*

3) Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email address \_\_\_\_\_

4) Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_  
*Mo Day Yr*

5) Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

6) Name and Address of the University you will attend:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7) In the Fall term, you will be:

\_\_\_\_ Freshman      \_\_\_\_ Junior      \_\_\_\_ Graduate Student

\_\_\_\_ Sophomore      \_\_\_\_ Senior

8) Annual Tuition, excluding Fees:

For state residents \_\_\_\_\_

For state non-residents \_\_\_\_\_

9) You will be classified as:      \_\_\_\_ State resident      \_\_\_\_ State non-resident

10) Your Major Field of Study: \_\_\_\_\_  
\_\_\_\_\_

11) Your SAT scores: Reading \_\_\_\_\_ Math \_\_\_\_\_ Writing \_\_\_\_\_  
and/or ACT Composite Score \_\_\_\_\_  
Your Cumulative Grade Point Average \_\_\_\_\_

**Attach official documents which support these data.**

12) List your participation or memberships in professional, cultural, military, fraternal, ethnic, charitable, or community organizations.

---

---

---

---

13) List any extracurricular activities in which you engaged and any honors, awards, or recognition you received.

---

---

---

---

14) Will you be receiving some other scholarship or a grant? YES\_\_\_\_ NO\_\_\_\_  
If YES, specify the type, the source, and the amount of that financial assistance.

---

---

---

15) Because an applicant's financial need will also be taken into consideration, enclose a statement or evidence which will enable us to evaluate the degree to which you require financial assistance.

16) If you want to submit any additional information, which you consider to be relevant, do so in a separate attachment.

**Thank you for your Scholarship Application.**

**Send it to the PACCF by March 15, 2020.**

**Polish American Congress Charitable Foundation  
6645 N. Oliphant Ave. Suite A  
Chicago, IL 60631**

By signing this form, I attest that the information provided is truthful and factual.

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature