

BOYNE FALLS POLISH FESTIVAL MEMORIAL SCHOLARSHIP APPLICATION FORM

DUE: Thursday, March, 1, 2018

Use add	litional sheets if space	ce provided is not sufficient. All information v	will be kept strictly confid	ential.	
APPLICANT NAME:					
	Last	First	Mic	Middle Initial	
ADDRESS:Stre					
Stre	et	City	State	Zip	
TELEPHONE:		E-MAIL ADDRESS:			
CUMULATIVE GPA: You	u must be in the r	range of a 2.0 – 4.0 GPA to qualify, a	ire you in that range	Ş ☐ YES ☐ NO	
TRANSCRIPT: Please submit with you your cumulative grade		n official copy of your latest academ (GPA).	nic transcript. This will	be used to verify	
COLLEGE/UNIVERSITY/ Name of the college, order of preference w	university, or trac	de school for which financial aid is re ns have been sent.	equested. If unknowr	n, please list in the	
Coll	lege, University,	or Trade School	Loc	ation	
COURSE OF STUDY:	MAIOR		MINOR		
			············		
school. You will also n	school activities eed to include t	in which you participated to a sign the amount of time that you dedica room, please attach your list on a se	ated to each activit		
	Organization	& Activity	Tim	e Spent	
		,		·	

COMMUNITY SERVICE:

List all community service and volunteer work you participated in <u>while in high school</u>. You will also need to include the amount of time that you dedicated to each activity (hours/month and years involved). If you need additional room, please attach your list on a separate sheet.

Organization & Activity	Time Spent
CERTIFICATION: certify that the information provided in this application is complete and accura falsification of information will exclude me from scholarship consideration.	te to the best of my knowledge
Applicant Signature	Date

DEADLINE:

Completed applications and all attachments must be received by Thursday, March 1, 2018.

(Applicants must submit one original and two copies of all application materials.

SURMISSION

Turn all copies of your application into the school counselor.