

## POLISH-AMERICAN ASSOCIATION OF SARASOTA SCHOLARSHIP APPLICATION

*(Deadline for submitting Application is April 1, 20 24)*

Name: \_\_\_\_\_  
(Last) (First) (DOB)

Place of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Cell: \_\_\_\_\_

High School: \_\_\_\_\_  
(Name/Address)

Name of College you plan to attend or are attending:\_\_\_\_\_

Major field of study in College: \_\_\_\_\_

Father's name, place of birth: \_\_\_\_\_

Mother's maiden name, place of birth: \_\_\_\_\_

Polish Lineage if none of the parents born in Poland: \_\_\_\_\_

Employment and extra-curriculum activities, awards:\_\_\_\_\_

Please submit completed Application Form and required documents to:

Polish-American Association of Sarasota  
P.O. Box 15771  
Sarasota, FL 34277