



Polish American Arts Association

2018 SCHOLARSHIP APPLICATION

Name

First

Middle

Last

Resident Home Address _____

City

State

Zip

College or University _____

College Address _____

Telephone: personal/cell _____ school/work _____

Email _____ **Citizenship** _____

Date of Birth _____ **Place of Birth** _____

Year at school at time of application _____

(Freshman, Sophomore, Junior, Senior, Graduate)

Areas of Study _____

Major

Minor

Projected Date of Graduation _____ **Prospective Degree** _____

Applicant's Signature

Date

Send Application Form with all materials to:

PAAA Scholarship Chairman
William J. Klepczynski, Ph.D.
1204 Whetstone Drive
Arnold, MD 21012-2397

Or a drop-box link with the materials included to: wklepczy@comcast.net