

POLISH-AMERICAN ADVOCATES SCHOLARSHIP FOUNDATION

5214 W. Lawrence Avenue, Chicago, Illinois 60630

FINANCIAL AID APPLICATION

EMAIL: advocatescholarship@gmail.com OR REGINA@RATHNAULAW.COM

APPLICANT'S INFORMATION:

NAME: _____ 1stTime Applicant? ____ Repeat Applicant? ____

CURRENT ADDRESS: _____ How long? ____
Street City Zip

Home phone: (____) _____ Cell phone: (____) _____ Email: _____

PERMANENT ADDRESS: _____ How Long? ____
Street City Zip

DATE OF BIRTH: _____ Place of Birth: _____ Ethnic Heritage: _____

CITIZENSHIP: US Citizen: ____ Permanent Resident: ____ Alien Registration #: _____ Date: _____

MARITAL STATUS: Single: ____ Divorced: ____ Married: ____ Children: ____

EDUCATION COMPLETED:

| Name | Location | GPA | Diploma/Degree | Dates |
|---------------|----------|-------|----------------|-------|
| High School : | _____ | _____ | _____ | _____ |
| University: | _____ | _____ | _____ | _____ |
| Grad. School: | _____ | _____ | _____ | _____ |

LAW SCHOOL THAT YOU PLAN TO ATTEND IN 2021:

Name: _____ Address: _____

Class/Year: _____ Major: _____ Degree Sought: _____ Expected Graduation Date: _____

CURRENT OR PAST MEMBERSHIP IN ORGANIZATIONS AND OFFICES HELD (if any):

AWARDS, SPECIAL ACHIEVEMENTS, OR PUBLICATIONS:

EMPLOYMENT:

STUDENT'S EMPLOYER: _____ Position: _____

Address: _____ Phone No: _____ Salary \$ _____ Hrs. per Wk: _____

SPOUSE'S EMPLOYER: _____ Position: _____

Address: _____ Phone No: _____ Salary \$ _____ Hrs. per Wk: _____

PARENTS' INFORMATION:

This section must be completed regardless of whether student claims independent status or not.

FATHER'S NAME: _____ Place of birth: _____ Date of birth: _____

Address: _____ How Long? _____

Telephone Number: _____

Employer: _____ Position: _____ How Long? _____

Address: _____ Gross Annual Salary: \$ _____

MOTHER'S NAME: _____ Place of birth: _____ Date of birth: _____

Address: _____ How Long? _____

Telephone Number: _____

Employer: _____ Position: _____ How Long? _____

Address: _____ Gross Annual Salary: \$ _____

Number of children at home: _____ Excluding Applicant, how many college students are in parents' household? _____

Do parents claim Applicant as a dependent? Yes _____ No _____

Do parents Own _____; Rent _____; Monthly housing costs: \$ _____

If own, purchase date: _____ Purchase price: \$ _____ Amount owing: \$ _____

Do parents own income property? Yes _____ No _____

If yes, # of buildings: _____ # of units _____ purchase price: \$ _____ Owing: \$ _____

TOTAL FINANCIAL ASSISTANCE RECEIVED IN THE PAST:

| | <u>Through School</u> | <u>Other Sources</u> | <u>TOTAL RECEIVED</u> |
|---------------|-----------------------|----------------------|-----------------------|
| SCHOLARSHIPS: | _____ | _____ | _____ |
| LOANS: | _____ | _____ | _____ |

ESTIMATED FINANCIAL NEED WORKSHEET:

APPLICANT: Complete this form using estimated figures based upon the upcoming school year for which you are requesting financial assistance.

BUDGET (recommended by school):

Academic Year 2021-2022:

| | |
|------------------------------------------------------|----------|
| 1. Student's Annual Tuition, Fees, Books, Labs, etc. | \$ _____ |
| 2. Spouse's Annual Tuition, Fees, Books, Labs, etc. | \$ _____ |
| 3. Annual Housing, Clothing, Meals & Transportation | \$ _____ |
| 4. Federal, State, Local Taxes | \$ _____ |
| 5. Other Expenses: _____ | \$ _____ |
| TOTAL: | \$ _____ |

ANTICIPATED RESOURCES:

Academic Year 2021-2022:

| | |
|----------------------------------------|----------|
| 1. Student's and Spouse's Contribution | \$ _____ |
| 2. Family's Contribution | \$ _____ |
| 3. Scholarships: Source _____ | \$ _____ |
| Source _____ | \$ _____ |
| Source _____ | \$ _____ |
| 4. Loans: Source _____ | \$ _____ |
| Source _____ | \$ _____ |
| Source _____ | \$ _____ |
| 5. Other Sources: _____ | \$ _____ |
| TOTAL: | \$ _____ |

ESTIMATED AMOUNT YOU NEED: \$ _____

Are there any unusual personal, financial or family circumstances that you feel we should take into consideration in our evaluation of your application?

How did you learn about the Advocates Scholarship program?

LEGAL RESIDENCY STATEMENT: I understand that student financial aid funds administered by the Polish-American Advocates Scholarship Foundation, Inc. are limited to students who have resided in the Chicago Metropolitan Area. I consider the Chicago Metropolitan area to be my permanent home, and have resided in this area.

PHOTOGRAPHS AND VIDEOS: Should I be selected as a recipient of the Advocates Scholarship Foundation award, I grant the Polish-American Advocates Scholarship Foundation permission to take photographs and/or videos of me or my representative at the awards presentation ceremony and use this material as Polish-American Advocates Scholarship Foundation deems fit for publicity and/or community public relations purposes to advance the cause(s) of the Advocates Scholarship Foundation Program.

CERTIFICATION: I affirm that the information presented in this application is true, correct and complete, to the best of my knowledge. I understand that this is only an application for a scholarship and that the awards are recommended by the Advocates Scholarship Foundation Committee of the Polish-American Advocates Scholarship Foundation and approved by the members of the Polish-American Advocates Scholarship Foundation. No guarantee or assurance of receiving an award can be made by the staff or any member of the Polish-American Advocates Scholarship Foundation.

Student's Signature

Date

CHECKLIST:

| | |
|---------------------------------|------------------------------------------------------------------------------|
| _____ Application | _____ Copies of latest income tax return for self and spouse (if applicable) |
| _____ Career decision statement | _____ Copies of latest income tax return for parents (if applicable) |
| _____ Photograph | _____ Copy of alien registration card (if applicable) |
| _____ School Verification Form | |

THIS APPLICATION TOGETHER WITH ALL REQUESTED ATTACHMENTS MUST ARRIVE IN OUR OFFICE NO LATER THAN November 15, 2021.

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CAREER DECISION STATEMENT

Please fill out the following questionnaire on your career decision. Your response should be limited to one page.

YOUR CHOSEN CAREER: _____

HOW DID YOU ARRIVE AT YOUR CAREER CHOICE? TO WHAT EXTENT DID FAMILY, SCHOOL AND COMMUNITY INFLUENCE YOU IN THE FORMULATION OF YOUR CAREER DECISION?

WHAT PRIOR EMPLOYMENT, VOLUNTEER WORK, SCHOOL OR COMMUNITY ACTIVITIES HAVE YOU PARTICIPATED IN THAT ARE RELATED TO YOUR CHOSEN CAREER?

ONCE YOU COMPLETE YOUR EDUCATION, WHAT ARE YOUR LONG-RANGE GOALS? HOW WILL YOU USE YOUR TRAINING TO CONTRIBUTE TO THE POLISH AMERICAN COMMUNITY IN THE FUTURE?

Signature

Date

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5214 W. Lawrence Avenue, Chicago, Illinois 60630

email: regina@rathnaulaw.com

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VERIFICATION FORM

INSTRUCTIONS TO STUDENT: Complete Part I. Ignore Part II. Please print/type your answers.

PART I

STUDENT'S NAME: _____

STUDENT'S ADDRESS: _____ Zip _____

EDUCATIONAL INSTITUTION: _____

ADDRESS: _____ Zip _____

ADMISSIONS OFFICE PHONE NUMBER: _____ Email Address: _____

In September student will be enrolled as: _____ Expected Date of Graduation: _____

Student's Grade Point Average Last Semester: _____ Degree Sought: _____

Expected aid for coming year through the educational institution: \$ _____

Authorization

I authorize the college/university to release the applicable school records/information to the Polish-American Advocates Scholarship Foundation for the exclusive purpose of evaluating my qualifications for financial aid through the Advocates Scholarship Foundation Program.

Signature

Date

INSTRUCTIONS TO ADMISSIONS OFFICE: Please examine the information in Part I and verify for accuracy; complete Part II, sign the form, affix school seal and send the form to the address above. Thank you for your cooperation.

PART II

I hereby certify that the above named student is accepted for enrollment, or is enrolled in good standing, and that the information above, to the best of my knowledge, is correct.

Signature of School Official

Date

Affix Seal Here

Print Name and Title