

## POLISH-AMERICAN ADVOCATES SCHOLARSHIP FOUNDATION

5214 W. Lawrence Avenue, Chicago, Illinois 60630

email: [advocatescholarship@gmail.com](mailto:advocatescholarship@gmail.com) OR [REGINA@RATHNAULAW.COM](mailto:REGINA@RATHNAULAW.COM)

Semester 2023

312-659-2953 (Regina Rathnau)

FINANCIAL AID APPLICATION

Fall

Dear Applicant:

Enclosed is the application for financial aid that you requested from the Advocates Scholarship Foundation. Please read the eligibility requirements and instructions carefully and return the completed forms to us **no later than October 15, 2023**. Your application will be evaluated on the basis of career promise, financial need, academic proficiency, community involvement and an interview. Please be advised that you will compete with other applicants for a limited number of scholarships. **NOTE: IF YOU HAVE PREVIOUSLY BEEN AWARDED A SCHOLARSHIP, YOU CAN SEND SIMPLY AN UPDATED (UNOFFICIAL) TRANSCRIPT AND AN ADDENDUM TO YOUR PRIOR APPLICATION DESCRIBING UPDATES TO FINANCIAL SITUATION, ACHIEVEMENTS, AND INVOLVEMENT IN THE POLISH COMMUNITY.**

### BASIC ELIGIBILITY REQUIREMENTS:

1. The following full-time students enrolled at fully accredited U.S. colleges/universities may apply:
  - Seniors at the undergraduate level accepted at an accredited law school (note students deferring acceptance will forfeit any scholarship, but may reapply at a later date);
  - Graduate students pursuing a juris doctorate degree;
2. U. S. citizen of Polish heritage or documented legal alien of Polish heritage or affinity;
3. Good academic standing and documented financial need;
4. Student cannot be a member, family member, substantial contributor or a family member of a substantial contributor of the Polish-American Advocates Scholarship Foundation;
5. Student must be a Chicago Metro area resident for at least 4 years prior to application (proof required);
6. Student must be able to attend an interview in late October VIA ZOOM and an Awards Presentation Ceremony in December 2023;
7. From time to time, there may be other requirements that must be met in order to qualify for the various benefits through this program.

### INSTRUCTIONS:

1. All answers must be printed on the application in the spaces allotted.
2. Fill out Part I of the School "*Verification*" form. Ignore Part II but submit a copy of your grade transcripts (unofficial is acceptable).
3. You **MUST** attach the following to your application:
  - a. Current photograph of yourself;
  - b. Copies of your (and your spouse's, if applicable) most recent federal income tax return;
  - c. Copies of your parents' most recent federal income tax return (only if you are claimed as a dependent on their tax return);
  - d. Copy of your Alien Registration Card or proof of refugee status, if applicable.
4. Mail application and attachments to **53 W. JACKSON #557, CHICAGO, IL 60604** as soon as possible (email is acceptable to [regina@rathnaulaw.com](mailto:regina@rathnaulaw.com)).

It is important that you comply fully with all the requirements and instructions in order for your application to be considered. The information you provide us is held in the strictest confidence and used exclusively for the purpose of evaluating your qualifications for a financial aid award through the Advocates Scholarship Foundation Program. You will be notified regarding the status of your application and whether an interview will be scheduled at a later date. If you have any questions, feel free to contact us.



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**FINANCIAL AID APPLICATION**

**APPLICANT'S INFORMATION:**

NAME: \_\_\_\_\_ 1<sup>st</sup>Time 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:**

	<b>Name</b>	<b>Location</b>	<b>GPA</b>	<b>Diploma/Degree</b>	<b>Dates</b>
High School :	_____	_____	_____	_____	_____
University:	_____	_____	_____	_____	_____
Grad. School:	_____	_____	_____	_____	_____

**LAW SCHOOL THAT YOU PLAN TO ATTEND IN 2023:**

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: \$ \_\_\_\_\_

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

Do parents claim Applicant as a dependent? Yes \_\_\_\_\_ No \_\_\_\_\_

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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: \$ \_\_\_\_\_

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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 2023-2023:**

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 2023-2023:**

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?

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How did you learn about the Advocates Scholarship program? \_\_\_\_\_

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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

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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 October 15, 2023.**

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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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**VERIFICATION FORM**

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

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**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

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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.

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**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