



**Application for
The Richard C. Gorecki Scholarship
Administered by the
Polish American Congress Charitable Foundation
6645 N. Oliphant Ave. Suite A
Chicago, IL 60631**

**ALL QUESTIONS MUST BE ANSWERED IN FULL AND PAPERWORK SENT IN ONE-SIDED.
INCOMPLETE APPLICATIONS WILL BE DISQUALIFIED.
APPLICATION SUBMISSION DEADLINE IS APRIL 15, 2024*.**

***If mailed must be postmarked by April 15, 2024 and if emailed must be received by April 15, 2024**

ALL INFORMATION WILL BE HELD IN STRICT CONFIDENCE.

1. Applicant's Name _____
Last First MI Student ID#

2. Address _____
Street City State, Zip Home Phone

Cell Phone: _____ **Email:** _____

3. Date of Birth: _____ **Place of Birth:** _____

4. Polish American Congress (PAC) Membership Information – attach copy of current membership card or letter from PAC president to application. Only membership in PAC qualifies.

Member of Division _____ **Year:** _____
Or Individual National Membership _____

5. Name and Address of School you will attend in the Fall: _____

6. In the fall semester, I will be a: Sophomore Junior Senior Post Graduate

Attached is a my most recent Official Transcript: Yes No,

The official transcript must be received by the PACCF Scholarship Committee before April 15, 2024, otherwise the Application will not be considered.

7. Annual Tuition Cost (excluding all other expenses): \$ _____

8. Applicant's Major or Course of Study _____

9. Cumulative Grade Point Average _____ (min 3.0 GPA, applications with lower average will not be accepted).

10. A. PAC Activities _____

B. Polish/Slavic Courses or Studies taken: _____

11. Have you taken part in any Community, Church, Organization, and/or School Activities reflecting the Polish Heritage: (singing, dance group, Polish Language Study, Polish Scouts, etc.) _____

12. Please list other College activities, hobbies, clubs, awards, etc.: _____

13. Voluntary Community Service: _____

14. Have you previously received a scholarship award from the PACCF? Yes No
If yes, in what year(s): _____ Amount: \$ _____

15. Applicant's Father or Guardian Name: _____

Is he a member of the Polish American Congress? Yes No
State Division/Organization: _____

16. Applicant's Mother or Guardian Name: _____

Is she a member of the Polish American Congress? Yes No

State Division/Organization: _____

17. Total number of children in family (including yourself):

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

THIS APPLICATION FOR SCHOLARSHIP IS SUBMITTED WITH FULL KNOWLEDGE OF THE RULES AND REGULATIONS DETERMINING THE PROGRAM. FAILURE TO COMPLETE ALL THE QUESTIONS, OR REQUIREMENTS ON THE APPLICATION WILL RESULT IN DISQUALIFICATION. IF A SCHOLARSHIP IS AWARDED, THE RECIPIENT PLEDGES TO ABIDE BY THE RULES.

Date _____

Applicant's Signature

Date _____

Parent's Signature