

### **Polish American Patriot Club Scholarship**

For students maintaining a 3.0 GPA, residing in Belmont, Marshall or Ohio counties, with preference to those of Polish descent or influence, though neither are required to apply for the scholarship. The number of awards and amounts vary.

Application Deadline: March 1, 2019

**Application Guidelines** – Carefully read this page to ensure your application is complete. **Please complete the application as presented. Do not include materials that are not requested.** 

#### **CHECKLIST**

	<b>Activities Form</b> – Please use the included form to provide information on Extracurricular Activities, Awards and Honors, Community and Volunteer Activities, and Work Experience. <i>Do not attach resumes or other similar documents.</i>
	<b>Letter of Recommendation</b> – Ask evaluator to complete form and return to you in a sealed envelope with evaluator's signature. Include the recommendation with all other application materials. <i>Parents, immediate family members or school counselors are NOT eligible to write the letter of recommendation.</i>
	<b>Academic Certification Form</b> – Have appropriate school official complete form and return it with other application materials.
	Personal Essay – Please attach a personal essay.
Mailing	g Address/Office Location:
	CFOV
	1310 Market Street

\*mailed applications must be postmarked by March 1\*

Wheeling, WV 26003

### Application Form: Polish American Patriot Club Scholarship

## PERSONAL INFORMATION Name: \_\_\_\_\_ Permanent Address: **Street or PO Box** City State Zip What county do you live in? \_\_\_\_\_\_ U.S. Resident? \( \square\) Yes \( \square\) No Date of Birth: \_\_\_\_\_/\_\_\_\_ Telephone: Day (\_\_\_\_\_\_\_ \_ \_\_\_\_ Evening (\_\_\_\_\_\_) \_\_\_\_\_-\_\_ Occupation: \_\_\_\_\_ Mother's Name: Occupation: \_\_\_\_\_ **ACADEMIC INFORMATION** Name of high school: Name of school counselor: \_\_\_\_\_ High School Phone Number: (\_\_\_\_\_\_) \_\_\_\_-**UNIVERSITY INFORMATION** Name of college/university in which you plan to enroll: Name City State Have you been accepted? ☐ Yes ☐ No Will you be full-time (12 or more credit hours) this fall? ☐ Yes ☐ No Anticipated major or area of study: Do you plan to live: On campus Off campus commute unknown If a West Virginia resident, do you meet the eligibility criteria for the WV Promise Scholarship?

☐ yes

☐ no

## **Activities Form**

Please list extracurricular, community and personal activities in which you have participated during your high school experience. Include clubs, debate, school sports, student government, fine arts, volunteer work, youth programs, athletic programs, music, scouting, etc. If your involvement in any of the categories exceeds available space, please consider including those that make you most proud. **DO NOT INCLUDE ATTACHMENTS.** 

Extracurricular Activities	Year				Position Held
	Fr	So	Jr	Sr	
Community/Volunteer Activities					Position Held
Community/ volunteer Activities	<b>Year</b> Fr So Jr Sr				Position neid
	Fſ	So	Jr	Sr	
Awards and Honors		Year			Comments
	Fr	So	Jr	Sr	
		<u> </u>			
Work Experience	יח	ates of Er	mnlovma	ent	Position Held
TVOIR EXPERIENCE	<u> </u>	utes of Li	picyiii		1 osition field

# **Recommendation Letter**

Signed and sealed letter must accompany this application	on.
Name:	
Relationship:	
When selecting someone to complete your recommend the review of your character. Select someone who known biased evaluation. <i>Your recommendation must be commendate family or school counselors.</i>	ws you well and will be able to give a candid and
The evaluator should also provide a brief statement as to of the scholarship, being mindful of the intention of this	,
Personal Essay	
Please take the time to prepare a well-developed, well-the essay should be no more than two typed pages.	written, grammatically correct personal essay.
Remember, this scholarship recognizes those with Polise required to be awarded the scholarship, preference will Your essay should demonstrate your understanding of	ll be extended to those who meet that criteria.
In general, there is no "correct" way to develop and pre matters to you, you will convey a sense of yourself that evaluation process.	
I, the student, completed this application and certify the and true to the best of my knowledge.	nat all information contained within is correct
Signature	Date

### Letter of Recommendation Form

Application Deadline: March 1, 2019

**To Evaluator:** The applicant is applying for a scholarship with the Community Foundation for the Ohio Valley, Inc. Your evaluation is needed as part of the application process. The student has authorized you to release any information you feel would be helpful in reviewing his/her application. Your cooperation in providing this information is important to the selection of award recipients. To insure confidentiality, please return this form and your letter to the student in a sealed envelope with your signature across the seal. Your statement describing the applicant's character, school, and community leadership abilities, potential to succeed, and evidence of the student's strengths and weaknesses should not exceed one page.

Remember, this scholarship recognizes those with Polish heritage or influence. Though neither are required to be awarded the scholarship, preference will be extended to those who meet that criteria. Your letter should demonstrate your understanding of this scholarship's intention and how the applicant reflects those intentions.

am writing this evaluation on the behalf of
Evaluator's Name:
Telephone Number: ()
Relationship to applicant:
How long have you known the applicant?
An evaluation received with a broken seal will be rejected. Please be sure to seal and sign the envelope and return to applicant in order that it may be included along with the application packet. Remember – parents, immediate family members and school counselors are not eligible to write the evaluation.

# Academic Certification Form – Read Carefully!

This form replaces the need for a transcript and is to be completed by your counselor or other personnel authorized by the counselor.

#### **High School Applicants**

Submit this form to your counselor for completion, be sure the reported information includes the first semester.

School					
Current Class Rank:	Current Cumulative GPA:				
SAT Scores (single test date)	ACT Scores (single test date)				
Date of Test:	Date of Test:				
Verbal:	English:				
Math:	Math:				
Combined:	Reading:				
	Science:				
	Composite:				
Person completing this form:					
Title:					
Signature:	Date:				