

POLISH-AMERICAN ADVOCATES SCHOLARSHIP FOUNDATION

5214 W. Lawrence Avenue, Chicago, Illinois 60630

email: advocatescholarship@gmail.com

312-659-2953 (Regina Rathnau)

FINANCIAL AID APPLICATION

Fall Semester 2019

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, 2019**. 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 and an Awards Presentation Ceremony in mid-November of 2019;
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@rathnau.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.

Advocates Scholarship Foundation Committee

POLISH-AMERICAN ADVOCATES SCHOLARSHIP FOUNDATION

5214 W. Lawrence Avenue, Chicago, Illinois 60630
email: REGINA@RATHNAULAW.COM

FINANCIAL AID APPLICATION

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 2019:

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 2019-2020:

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 2019-2020:

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 October 15, 2019.

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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.

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