



Polish American Arts Association

2020 SCHOLARSHIP APPLICATION

Name

First

Middle

Last

Resident Home Address _____

City

State

Zip

College or University _____

College Address _____

Telephone (personal/cell) _____ school/work _____

Email _____ Citizenship _____

Date of Birth _____ Place of Birth _____

Year at school at time of application _____

(Freshman, Sophomore, Junior, Senior, Graduate)

Areas of Study _____

Major

Minor

Projected Date of Graduation _____ Prospective Degree _____

Applicant's Signature

Date

**After filling in PDF form, print it, sign it, scan it and then
Send Application Form with all required materials to:**

PAAA Scholarship Chairman
Mary Beth Sowa
3001 Veazey Terrace, NW, #806
Washington, DC 20008

Or a drop-box link (preferred method) with the materials included to: sowamb@gmail.com