APPLICATION FOR ACPC SUMMER STUDY SCHOLARSHIP AWARD

Name	SS#	Date
Home Address:		
	Street	
	City State Zip	
Telephone		
Date of Birth Marital S	tatus If married, spouse's name	
Citizenship:	Date of Naturalization, if applicable	
Father's Ethnic Background	Mother's Ethnic Background	
Mother's Maiden Name		
EDUCATION INFORMATION		
Name of Institution Attending	Major	
Entering Junior Year Entering S	Senior Year	
ACPC AFFILIATION		
Club Membership	Location	
Recommended by ACPC Affiliate or	Supporting Organization	
Have you previously participated in	ACPC Summer Study? Yes	_ No
To be considered, the applicant mu	st fulfill the following:	
• • •	e Polish American community and stude nmendation: one from an ACPC affiliate o	
	explain "Why I Should Receive the ACPC	Summer Study in Poland
I agree that all statements are true	. Date:	
		Signature

All information must be postmarked by April 1 and received by:
Alice Lech Laning, 6532 Sunny Hill Ct., McLean, Va. 22101