

Polish, Russian, Lithuanian, American Citizen's Club  
**ETHNIC MEMBER'S SCHOLARSHIP**

Date of application \_\_\_\_\_

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

High School \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

College or University you plan to attend \_\_\_\_\_

Have you been accepted? \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_  
KEY CARD # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_  
KEY CARD# \_\_\_\_\_

Optional parental statement \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Applicants must be enrolled in college for the Fall semester following graduation.  
(Incomplete or late applications will not be considered- DUE BY APRIL 1)**

**APPLICATION MUST INCLUDE:**

- Complete this Ethnic Member Scholarship Application
- High school Transcript
- Student Resume/Activity Profile
- Two letters of recommendation
- Essay stating your goals and plans for the future.

**Mail to:** Polish Russian Lithuanian American Citizens Club  
PO Box 120  
Danvers, MA 01923