

# HARRIET IRSAY SCHOLARSHIP

2020-2021

offered by

## THE AMERICAN INSTITUTE OF POLISH CULTURE

1440 79<sup>th</sup> Street Causeway, Suite 117  
Miami, FL 33141

### Application Form

(Please type or print CLEARLY using blue or black ink.)

**Closing date for submission of ALL required materials – July 24, 2020**  
**Announcement of awards by mid-September, 2020**

1. Name: Mr. \_\_\_\_\_  
Mrs. \_\_\_\_\_  
Ms. \_\_\_\_\_

2. Mailing address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E- Mail: \_\_\_\_\_

Would you like us to add your email to our mailing list? \_\_\_\_\_

3. Permanent address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

4. Place of birth: \_\_\_\_\_

5. Date of birth: \_\_\_\_\_

How did you hear about this scholarship? \_\_\_\_\_

**6. Family background**

**Father's name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_ **Place of birth:** \_\_\_\_\_

**Ethnic background:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Present address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Mother's name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_ **Place of birth:** \_\_\_\_\_

**Ethnic background:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Present address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**7. Present citizenship:** \_\_\_\_\_

**If you are a permanent resident of the US please include a copy of your green card.**

**8. Name of the school in which you are currently enrolled:** \_\_\_\_\_

I am a  freshman  sophomore  junior  senior

**What is your present major?** \_\_\_\_\_

**What is your intended major?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What fellowships or financial grants do you presently hold, if any?**

\_\_\_\_\_  
\_\_\_\_\_

**9. How much financial aid do you expect to receive for the academic year? Please list all grants, scholarships, loans and other support for which you have applied:**

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**10. How much financial aid will you receive monthly from your parents?**

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**11. List honors and distinctions you have achieved as a student. (Use additional paper if necessary)**

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**12. Have you had any articles, theses or books published? If so, please indicate their titles, place and date of publication. (Use additional paper if necessary)**

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**13. How would you rate your knowledge of the Polish language?**

- None       Poor       Fair       Good       Excellent

**14. What are your interests and activities outside of schoolwork or professional activities? (Use additional paper if necessary)**

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**15. List three (3) professors under whom you have studied or three (3) authorities in your field who can attest to your academic or professional ability, or three (3) teachers with whom you have studied from whom you will request letters of recommendation, to be sent by the teachers, directly to the Institute. These letters must be original, signed, and on letterhead paper.**

**Name:** \_\_\_\_\_

**Title or position:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Telephone:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title or position:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Telephone:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title or position:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Telephone:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**16. In addition to the required letters of recommendation (which must be signed originals, on letterhead and sent directly to the Institute) you must ask your school to mail your official transcript to the Institute. If not presently enrolled in any school, send transcript from the last school which you attended. Absolutely NO copies of any documents will be accepted. Please inform those people sending documents of this requirement. All documents should be sent to: *AIPC Harriet Irsay Scholarship, 1440 79th Street Causeway, Suite 117, Miami, FL 33141***

\_\_\_\_\_

**Date**

**Signature**

**Print name:** \_\_\_\_\_