

Marie Sklodowska Curie Professional Women's Association, Inc.

ANTHONY AND JOSEPHINE CHMURA MEMORIAL SCHOLARSHIP APPLICATION

Applicant's Full Name _____

Address _____

_____ State _____ ZIP _____

Country/Countries of Citizenship _____

E Mail Address _____

U.S. Permanent Resident Alien Registration Number (if applicable) _____

Email Address _____

Date of Birth _____

Home Tel. No. _____ Mobile Tel. No. _____

Name of Spouse (if married) _____

Is spouse also a student? _____ Employed? _____

Do you or a family member hold membership in the MSCPWA, Inc.? _____
(membership not a requirement)

If yes, give name and relationship _____

City Name of High School:

School _____

Address Date of Graduation _____

College, University, Vocational/Trade School, Institute, where you are currently enrolled:

Name _____

Address _____

Date of enrollment _____ Full or part time student _____

Current level of education (Minimum level: second year of undergraduate studies at a college or university)

What is your major? _____

What course of study or profession are you pursuing?

Anticipated date of graduation? _____

Expected degree or certificate _____

Expected Expenses for the academic year: Tuition _____

Books and Fees _____

Room and Board _____

TOTAL EXPECTED _____ EXPENSE

Tuition costs/expenses to be financed by:

Scholarships _____

Grants _____

Self (working, servings, etc.) _____

Spouse _____

TOTAL _____

Financial Aid

Parent(s)

Special circumstances (if any) demonstrating need _____

Father's Full Name _____ Living? Mother's Maiden Name _____
_____ Living? _____

Check if of Polish Descent: Mother () Father ()

List memberships in clubs and organizations (school/community/church/ethnic/special interest, etc.):

List honors, awards, and special achievements:

Please write a short autobiography including goals, ambitions, aptitudes, talents, accomplishments, membership in schools and other organizations, jobs and volunteer service and why you are seeking a higher education.

(Use separate sheets of paper.)

It is my understanding that the scholarship grant does not obligate me to return said grant.

However, I do pledge that I shall support the educational fund of the MSCPWA, Inc. when my career goals are completed. I hereby certify that the information provided above in support of my application for the Anthony and Josephine Chmura Memorial

Scholarship is, to the best of my knowledge, complete and correct. I authorize the MSCPWA, Inc. to verify my information.

Signature of Applicant

Date

IMPORTANT INFORMATION TO APPLICANT

1. Application must be submitted with the following documents:

- a. **Latest official transcript**
- b. **Two recent letters of reference from professors and/or teachers of academic subjects. (Letters from family members are not acceptable. One or two additional letters from leaders of extracurricular activities or organization leaders may also be sent to supplement your application.)**
- c. **Photograph (passport size)**

2. Enclose non-refundable **\$15.00 application fee** made payable to **MSCPWA, Inc.**
3. Application must be **TYPED** or **PRINTED** in ink. Replies must be legible and complete.
An incomplete application will not be submitted to the Committee for approval.
4. Please return completed application, autobiography, transcript, references, photograph and application fee **postmarked** no later than **September 30th, 2021** to:

Marie Sklodowska Curie Professional Women's Association's Scholarship Committee P.O.
Box 220421, 66 Meserole Ave.
Brooklyn, NY 11222- 9997