



## DABROWSKI FOUNDATION

*formerly Knights of Dabrowski*

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## CRUSADE FOR EDUCATION

### Financial Aid Application



## VERIFICATION FORM

### PART I

#### INSTRUCTIONS TO STUDENT

Complete Part I and forward the form to the Admissions Office at your educational institution.

Ask your school to complete Part II. Once completed, mail the form directly to our office as soon as possible. Please print/type your answers.

Student's Name: \_\_\_\_\_

Student's Address: \_\_\_\_\_  
Street City State Zip

Educational Institution: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Admissions Office Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

In Fall 2024, student will be enrolled as: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Student's Grade Point Average Last Semester: \_\_\_\_\_ Degree Sought: \_\_\_\_\_

Expected aid for coming year through the educational institution: \$ \_\_\_\_\_

#### Authorization

I authorize the college/university to release the applicable school records/information to the Knights of Dąbrowski for the exclusive purpose of evaluating my qualifications for financial aid through the Crusade for Education Program.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

### PART II

#### INSTRUCTIONS TO ADMISSIONS OFFICE

Please examine the information provided by student/applicant in Part I and verify for accuracy; once verified, please sign below, affix school seal, and mail form to the address listed above.

*Thank you for your cooperation.*

I hereby certify that the above-named student is accepted for enrollment, or is enrolled in good standing, and that the information above is correct to the best of my knowledge.

Signature of School Official \_\_\_\_\_ Date \_\_\_\_\_

AFFIX SEAL HERE

Print Name and Title \_\_\_\_\_