



DABROWSKI FOUNDATION

formerly Knights of Dabrowski

PO Box 526

Itasca, Illinois 60143-0526

Email: info@dabrowskifund.org

Phone: 773-792-1800

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CRUSADE FOR EDUCATION

Financial Aid Application



Dear Applicant:

Enclosed is the application for financial aid that you requested from the Crusade for Education. Please read the eligibility requirements and instructions carefully and return the completed forms no later than **May 15, 2024**. Your application will be evaluated based on career promise, financial need, academic proficiency, community involvement, and an interview.

Please be advised that you will compete with other applicants for a limited number of scholarships.

POTENTIAL SCHOLARSHIP AWARD LEVELS

\$1,000 / \$1,500 / \$2,000

BASIC ELIGIBILITY REQUIREMENTS

1. The following full-time students enrolled at fully accredited U.S. colleges/universities may apply:
 - a. Undergraduate students entering Junior or Senior year of college for the 2024-25 academic year.
 - b. Graduate students pursuing a master's, doctoral or professional degree.
2. Student must be a U.S. citizen of Polish heritage or documented legal alien of Polish heritage.
3. Student must be in good academic standing and documented financial need.
4. Student cannot be a member, an immediate family member, substantial contributor or an immediate family member of a substantial contributor to the Dabrowski Foundation.
5. Student must be a Chicago Metro Area resident for at least four years prior to application (proof required).
6. Student must be able to attend an interview in late spring/summer.
7. Student should be able to attend the Dabrowski Foundation Crusade for Education Annual Awards Presentation in the Summer/Fall of 2024 (if held).

INSTRUCTIONS

1. All answers must be printed on the application in the spaces allotted.
2. Fill out Part I of the School **Verification** form; have your school complete Part II of the form and forward it to us.
3. The provided **Letter of Reference** form should be filled out by two (2) individuals who can comment on student's scholarship, personality, and character.
4. You **MUST** provide the following to your application:
 - a. Current photograph of yourself.
 - b. Copies of your (and your spouse's, if applicable) most recent federal income tax return.
 - c. Copies of your parents'/guardians' most recent federal income tax return (only if you are claimed as a dependent on their tax return).
 - d. Copy of your Alien Registration Card or proof of refugee status, if applicable.
5. Mail application and attachments no later than **May 15, 2024**, to the above address via **regular USPS First Class mail only**.

It is important that you comply fully with all the requirements and instructions for your application to be considered. The information you provide is held in the strictest confidence and used exclusively for the purpose of evaluating your qualifications for a financial aid award through the Crusade for Education Program. You will be notified regarding the status of your application and whether an interview will be scheduled at a later date.

Should you have any questions, please feel free to contact us at info@dabrowskifund.org or by phone at 773-792-1800.

We wish you continued success in your educational pursuits.

Crusade for Education Committee



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APPLICANT INFORMATION

NAME: _____ ☐ First-time Applicant ☐ Repeat Applicant

CURRENT ADDRESS: _____
Street City State Zip

How many years at this residence? _____

Home Phone: (____) _____ Cell Phone: (____) _____ Email: _____

DATE OF BIRTH: _____ Place of Birth: _____ Ethnic Heritage: _____

CITIZENSHIP: ☐ U.S. Citizen ☐ Permanent Resident Alien Registration #: _____ Date: _____

MARITAL STATUS: ☐ Single ☐ Divorced ☐ Married ☐ Children: _____

EDUCATION COMPLETED

High School _____
Name Location GPA Diploma/Degree Dates

University _____
Name Location GPA Diploma/Degree Dates

Grad. School _____
Name Location GPA Diploma/Degree Dates

COLLEGE/UNIVERSITY YOU PLAN TO ATTEND IN THE FALL OF 2024: _____

School Address _____
Street City State Zip

Class/Year: _____ Major: _____ Degree Sought: _____ Anticipated Graduation Date: _____

Please list current and/or past membership in organizations and offices held (if any):

Please indicate any specific Polish organizations with which you are or have been associated (i.e., Polish school, scouts, dance group)?

Please list any awards received, special achievements accomplished, or papers/articles published:

EMPLOYMENT INFORMATION

STUDENT'S EMPLOYER: _____ **Position:** _____

Address: _____
Street City State Zip

Telephone Number: _____ **Salary \$** _____ **Hours/week:** _____

SPOUSE'S EMPLOYER: _____ **Position:** _____

Address: _____
Street City State Zip

Telephone Number: _____ **Salary \$** _____ **Hours/week:** _____

FAMILY INFORMATION

This section must be completed regardless of whether student claims independent status or not.

PARENT/GUARDIAN 1 NAME: _____ **Relation to Student:** _____

Address: _____
Street City State Zip

How many years at this residence? _____ **Telephone Number:** _____

Employer: _____ **Position:** _____ **How Long?** _____

Address: _____ **Gross Annual Salary: \$** _____
Street City State Zip

PARENT/GUARDIAN 2 NAME: _____ **Relation to Student:** _____

Address: _____
Street City State Zip

How many years at this residence? _____ **Telephone Number:** _____

Employer: _____ **Position:** _____ **How Long?** _____

Address: _____ **Gross Annual Salary: \$** _____
Street City State Zip

Number of children at home: _____ **Excluding Applicant, how many college students are in family's household?** _____

Do parents claim Applicant as a dependent? ☐ Yes ☐ No

Do parents ☐ Own ☐ Rent **Monthly housing costs: \$** _____

If own, purchase date: _____ **Purchase price: \$** _____ **Amount owed: \$** _____

Do parents own income property? ☐ Yes ☐ No

If yes, number of buildings: _____ **Number of units** _____ **Purchase price: \$** _____ **Amount owed: \$** _____

FINANCIAL INFORMATION

TOTAL FINANCIAL ASSISTANCE RECEIVED IN THE PAST:

| | Through School | Other Sources | TOTAL RECEIVED |
|---------------|----------------|---------------|----------------|
| SCHOLARSHIPS: | _____ | _____ | _____ |
| LOANS: | _____ | _____ | _____ |

ESTIMATED FINANCIAL NEED WORKSHEET:

APPLICANT: Complete this form using estimated figures based upon the upcoming school year for which you are requesting financial assistance.

BUDGET *(recommended by school)*

Academic Year 2024-25

| | |
|--|-----------------|
| 1. Student's annual tuition, fees, books, labs, etc. | \$ _____ |
| 2. Spouse's annual tuition, fees, books, labs, etc. | \$ _____ |
| 3. Annual housing, clothing, meals, and transportation | \$ _____ |
| 4. Federal, state, local taxes | \$ _____ |
| 5. Other Expenses: | \$ _____ |
| TOTAL: | \$ _____ |

ANTICIPATED RESOURCES

Academic Year 2024-25

| | |
|--|-----------------|
| 1. Student's and Spouse's Contribution | \$ _____ |
| 2. Family's Contribution | \$ _____ |
| 3. Scholarships: Source _____ | \$ _____ |
| Source _____ | \$ _____ |
| Source _____ | \$ _____ |
| 4. Loans: Source _____ | \$ _____ |
| Source _____ | \$ _____ |
| Source _____ | \$ _____ |
| 5. Other Sources: _____ | \$ _____ |
| TOTAL: | \$ _____ |

ESTIMATED AMOUNT YOU NEED:

(Anticipated Resources *minus* Budget)

\$ _____

ADDITIONAL INFORMATION

Are there any unusual personal, financial or family circumstances / hardships that you feel should be considered in your application evaluation?

How did you learn about the Crusade for Education program? _____

LEGAL RESIDENCY STATEMENT

I understand that student financial aid funds administered by the Dabrowski Foundation, Inc., are limited to students who are legally domiciled in the Chicago Metropolitan Area. I consider the Chicago Metropolitan Area to be my permanent home, and I have resided in this area for at least the last four years.

PERMISSIONS: PHOTOGRAPHS, VIDEOS, APPLICATION CONTENT

Should I be selected as a recipient of the Crusade for Education Polish Heritage Award, I grant the Dabrowski Foundation permission to take photographs and/or videos of me or my representative at the awards presentation ceremony and use this material, as well as select information provided in this application, as the Dabrowski Foundation deems fit for publicity and/or community public relations purposes to advance the cause(s) of the Crusade for Education Program.

CERTIFICATION

I affirm that the information presented in this application is true, correct and complete, to the best of my knowledge. I understand that this is only an application for a scholarship and that the awards are recommended by the Crusade for Education Committee of the Dabrowski Foundation and approved by the members of the Dabrowski Foundation. No guarantee or assurance of receiving an award can be made by the staff or any member of the Dabrowski Foundation.

Student's Signature

Date

CHECKLIST:

- | | |
|---|--|
| <input type="checkbox"/> Completed and signed Application | <input type="checkbox"/> Copies of latest income tax return for self and spouse <i>(if applicable)</i> |
| <input type="checkbox"/> Career Decision Statement | <input type="checkbox"/> Copies of latest income tax return for parents/guardians <i>(if applicable)</i> |
| <input type="checkbox"/> Photograph | <input type="checkbox"/> Copy of Alien Registration card <i>(if applicable)</i> |
| <input type="checkbox"/> School Verification Form | <input type="checkbox"/> Two (2) Letters of Reference |

**This application, together with all requested attachments,
must be mailed and postmarked no later than MAY 15, 2024, via USPS Regular First-Class mail to**

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CAREER DECISION STATEMENT

Please fill out the following questionnaire on your career decision. Your response should be limited to one page.

YOUR CHOSEN CAREER: _____

How did you arrive at your career choice? To what extent did family, school, and community influence you in the development of your career decision?

What prior employment, volunteer work, school or community activities have you participated in that are related to your chosen career?

Once you complete your education, what are your long-term goals?

How do you envision applying your education and career aspirations to contribute to the Polish-American community in the future?

Student's Signature

Date