



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 Polish Heritage Scholarship



Dear High School Senior:

Enclosed is the Crusade for Education Polish Heritage Scholarship application. Please understand that there are a limited number of scholarships available. Awards will be determined based on past performance, future career goals, school recommendation, and an interview with members of the Dabrowski Foundation.

POTENTIAL SCHOLARSHIP AWARD LEVELS

\$500 / \$750 / \$1,000

BASIC ELIGIBILITY REQUIREMENTS

1. Student is a graduating high school senior preparing to enter an accredited college or university on a full-time basis.
2. Student demonstrates good character, high level of academic achievement, community involvement, and financial need.
3. Student is of Polish ancestry and is recommended by a school official (teacher, counselor, or principal).
4. Student must be available for an interview with the Crusade for Education Committee.
5. Student cannot be a member, an immediate family member, substantial contributor or an immediate family member of a substantial contributor to the Dabrowski Foundation.
6. 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. Ask a teacher, counselor, or principal to fill out the provided **Letter of Recommendation** and either give it back to you in a sealed envelope or mail it directly to us. Their input will weigh heavily on our decision.
3. Attach a recent photo.
4. Mail the application no later than **April 30, 2024**, to the address above via **United States Postal Service Regular 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 later.

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

www.dabrowskifund.org

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CRUSADE FOR EDUCATION

Polish Heritage Scholarship



APPLICANT INFORMATION

NAME: _____

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: _____

HIGH SCHOOL INFORMATION

SCHOOL NAME: _____

School Address _____
Street City State Zip

Anticipated Graduation Date: _____ GPA _____

EXTRACURRICULAR ACTIVITIES, ACHIEVEMENTS, AND AWARDS: _____

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

School Address _____
Street City State Zip

Major: _____ Degree Sought: _____ Anticipated Graduation Date: _____

Why did you pick this college/university?

INFLUENCE OF POLISH HERITAGE

What are your life priorities and what influence does your polish heritage have on those priorities?

Please share any specific Polish traditions and/or activities that have strengthened a foundation and appreciation for the Polish culture and heritage in your life?

LIFE GOALS

What are your life priorities and what are your career goals? _____

How do you plan to achieve these goals? _____

FAMILY INFORMATION

PARENT/GUARDIAN 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 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?** _____

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

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 no guarantee or assurance of receiving an award can be made until approved by the members of the Dabrowski Foundation.

PHOTOGRAPHS AND VIDEOS

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 Dabrowski Foundation deem fit for publicity and/or community public relations purposes to advance the cause(s) of the Crusade for Education Program.

Student's Signature

Date