Polish American Patriot Club Scholarship

For students maintaining a 3.0 GPA, residing in Belmont, Marshall or Ohio counties, with preference to those of Polish descent or influence, though neither are required to apply for the scholarship. The number of awards and amounts vary.

Application Deadline: February 17, 2021

Application Guidelines – Carefully read this page to ensure your application is complete. Please complete the application as presented. Do not include materials that are not requested.

CHECKLIST

☐ Activities Form – Please use the included form to provide information on Extracurricular Activities, Awards and Honors, Community and Volunteer Activities, and Work Experience. Do not attach resumes or other similar documents.

☐ Letter of Recommendation – Ask evaluator to complete form and return to you in a sealed envelope with evaluator’s signature. Include the recommendation with all other application materials. Parents, immediate family members or school counselors are NOT eligible to write the letter of recommendation.

☐ Academic Certification Form – Have appropriate school official complete form and return it with other application materials.

☐ Personal Essay – Please attach a personal essay.

Mailing Address/Office Location:
CFOV
1226 Chapline Street
Wheeling, WV 26003
*applications must be received by February 17*
**Application Form: Polish American Patriot Club Scholarship**

**PERSONAL INFORMATION**
Name: ________________________________________________________________

Permanent Address:  ________________________________________________________________

<table>
<thead>
<tr>
<th>Street or PO Box</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

What county do you live in? ___________________________  U.S. Resident? ☐ Yes ☐ No

Date of Birth: _______/_______/_______

Telephone:  Day (______) _______ - _______  Evening (______) _______ - _______

Email: ________________________________________________________________

**ACADEMIC INFORMATION**
Name of high school:____________________________________________________________________

Name of school counselor: ____________________________________________________________________

High School Phone Number: (______) _______ - _______

**UNIVERSITY INFORMATION**
Name of college/university in which you plan to enroll:

<table>
<thead>
<tr>
<th>Name</th>
<th>City</th>
<th>State</th>
</tr>
</thead>
</table>

Have you been accepted? ☐ Yes ☐ No
Will you be full-time (12 or more credit hours) this fall? ☐ Yes ☐ No

Anticipated major or area of study: _______________________________________________________

Do you plan to live: ☐ on campus ☐ off campus ☐ commute ☐ unknown

If a West Virginia resident, do you meet the eligibility criteria for the WV Promise Scholarship?
☐ Yes ☐ No
Activities Form

Please list extracurricular, community and personal activities in which you have participated during your high school experience. Include clubs, debate, school sports, student government, fine arts, volunteer work, youth programs, athletic programs, music, scouting, etc. If your involvement in any of the categories exceeds available space, please consider including those that make you most proud. **DO NOT INCLUDE ATTACHMENTS.**

<table>
<thead>
<tr>
<th>Extracurricular Activities</th>
<th>Year</th>
<th>Position Held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fr</td>
<td>So</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community/Volunteer Activities</th>
<th>Year</th>
<th>Position Held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fr</td>
<td>So</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Awards and Honors</th>
<th>Year</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fr</td>
<td>So</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Work Experience</th>
<th>Dates of Employment</th>
<th>Position Held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Recommendation Letter

Signed and sealed letter must accompany this application.

Name: _____________________________________________________________

Relationship: ______________________________________________________

When selecting someone to complete your recommendation, select someone who will be thorough in the review of your character. Select someone who knows you well and will be able to give a candid and unbiased evaluation. Your recommendation must be completed by someone other than your parents, immediate family or school counselors.

The evaluator should also provide a brief statement as to why he or she thinks you are most deserving of the scholarship, being mindful of the intention of this scholarship (Polish heritage or influence).

Personal Essay

Please take the time to prepare a well-developed, well-written, grammatically correct personal essay. The essay should be no more than two typed pages.

Remember, this scholarship recognizes those with Polish heritage or influence. Though neither are required to be awarded the scholarship, preference will be extended to those who meet that criteria. Your essay should demonstrate your understanding of this scholarship’s intention.

In general, there is no “correct” way to develop and prepare this essay. In writing about something that matters to you, you will convey a sense of yourself that will provide invaluable information during the evaluation process.

I, the student, completed this application and certify that all information contained within is correct and true to the best of my knowledge.

Signature _______________________________    Date ____________________________
Letter of Recommendation Form

Application Deadline: February 17, 2021

To Evaluator: The applicant is applying for a scholarship with the Community Foundation for the Ohio Valley, Inc. Your evaluation is needed as part of the application process. The student has authorized you to release any information you feel would be helpful in reviewing his/her application. Your cooperation in providing this information is important to the selection of award recipients. To maintain confidentiality, please return this form and your letter to the student in a sealed envelope with your signature across the seal. Your statement describing the applicant’s character, school, and community leadership abilities, potential to succeed, and evidence of the student’s strengths and weaknesses should not exceed one page.

Remember, this scholarship recognizes those with Polish heritage or influence. Though neither are required to be awarded the scholarship, preference will be extended to those who meet that criteria. Your letter should demonstrate your understanding of this scholarship’s intention and how the applicant reflects those intentions.

I am writing this evaluation on the behalf of ___________________________________________

Evaluator’s Name: ________________________________________________________________

Telephone Number: (______) _______ -______

Relationship to applicant: _________________________________________________________

How long have you known the applicant? ___________________________________________

An evaluation received with a broken seal will be rejected. Please be sure to seal and sign the envelope and return to applicant in order that it may be included along with the application packet. Remember – parents, immediate family members and school counselors are not eligible to write the evaluation.
Academic Certification Form – Read Carefully!

This form replaces the need for a transcript and is to be completed by your counselor or other personnel authorized by the counselor.

High School Applicants
Submit this form to your counselor for completion, be sure the reported information includes the first semester.

Student’s Name: _______________________________________________
School: _________________________________________________________

Current Class Rank: ___________   Current Cumulative GPA: __________

SAT Scores (single test date)                              ACT Scores (single test date)
Date of Test: __________________________   Date of Test: __________________________
Verbal: ___________________________   English: ___________________________
Math: ___________________________   Math: ___________________________
Combined: ___________________________   Reading: ___________________________
                                      Science: ___________________________
                                      Composite: ___________________________

Person completing this form: _______________________________________________
Title: ____________________________________________________________
Signature: _________________________________________________________ Date: ____________