



EDUCATION AND YOUTH COMMISSION

Polish National Union of America

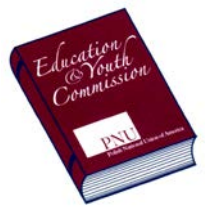
Fraternal and Benefit Society

1006 Pittston Avenue

Scranton, PA 18505

Website: www.pnu.org

Email address: EYC@pnu.org



Stipend Application

For members who are in the Polish National Union at least five (5) years and are currently in good standing. Grants are made in accordance with the rules and regulations of the Commission.

Stipend for the academic year 20_____ - 20_____ Date _____

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Contact Information: Cell phone# _____ Home# _____

Email address: _____

Member of PNU Branch No. _____ District No. _____ Certificate No. _____

Name of College / University: _____

Course/Study Pursued: _____

Indicate current year of Enrollment: 1st year ____ 2nd year ____ 3rd year ____ 4th Year ____

Anticipated/Expected year of Graduation: _____

Indicate status attending: * PART TIME (7-11 credits) _____ * Semester _____

* FULL TIME (12 credits and more) _____ * Semester _____

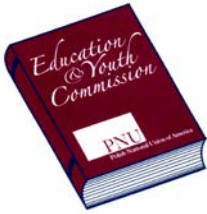
*please specify number of credits taken for each semester, fall and spring

Tuition Amount _____ per academic year.

Home office Approval/Authorization

Applicant's Signature

This application must be returned to the Home Office address effective December 1st thru April 15th for the academic year stated on this application.



Stipend Application - continued

In Order to process this application in its entirety, please submit at least one of the following items, to ensure the proper enrollment verification is obtained from the College or University.

The name of the institution, applicant's name, as well as enrollment year must be stated on these documents in order for them to be approved.

- SCHEDULE FROM EACH SEMESTER AND GRADES FOR THE ACADEMIC YEAR, INDICATING THE NUMBER OF CREDITS AND ENROLLMENT YEAR.**
- ACADEMIC STATUS FROM THE UNIVERSITY/COLLEGE VERIFYING THE ENROLLMENT YEAR, SEMESTER STATUS, AND NUMBER OF CREDITS.**
- ATTENDANCE CERTIFICATION OF REGISTRAR FOR ACADEMIC YEAR.
Please fill out the following information below.**

This is to certify _____

Enrolled at _____

Address _____

Enrolled in 1st year ____ **2nd year** ____ **3rd year** ____ **4th year** ____

Signature of Registrar _____

(Seal)