EDUCATION & YOUTH COMMISSION
STIPEND APPLICATION CRITERIA

1. Offered to students for four years of education from the College or University of their choice.
2. A member of the PNU, who has a life insurance policy (current paying, single-premium, or fully paid-up) that is in force and in good standing for at least 5 years. (Please remember Social Membership does not qualify.)
3. Currently enrolled and taking classes at a College or University either part-time (under 12 credits) or full-time (12 or more credits).
   (This means the student or applicant must be attending college at the current time, does not apply to high school college courses taken while still in high school.)
4. Show proof of enrollment from Registrar; Tuition Bill; Class Schedule; or Grades. (One or all of these are acceptable forms of eligible enrollment; please make sure student’s name, university’s name, number of credits taken for each semester, are included on the paperwork enclosed.)
5. A copy of the tuition bill should accompany all stipend applications stating the institution’s and student’s name. (This ensures that the student is enrolled and attending that college or university.)
6. Please make sure all fields of information, especially the student contact information, are properly completed.

Questions or concerns can be directed to Mary Ann Stankowski, eyc@pnu.org.
All information for the entire academic year (both semesters – August – May), should be returned to the following address:

Polish National Union of America
c/o Education & Youth Commission
Attn: Mary Ann Stankowski
1006 Pittston Avenue
Scranton, Pa 18505
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.

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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)