



The Second Street Polish Society Scholarship Application

APPLICANT'S NAME: _____

MEMBER'S NAME: _____

APPLICANT'S ADDRESS: _____

APPLICANT'S PHONE #: _____

RELATIONSHIP TO MEMBER: _____

AGE: _____ GRADE IN SEPT, 2011: _____

SCHOOL IN SEPT, 2011: _____

Note: Fill out all above information completely. Submit your past year's grades, with the exception of grades 1 through 4.

P.O. Box 37107
Philadelphia, Pennsylvania 19148