

MARY ANN BECKER MEMORIAL/POLISH AMERICAN HERITAGE  
ASSOCIATION OF BERKS COUNTY (PAHABC)  
SCHOLARSHIP APPLICATION

APPLICANT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ TEL # \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

HIGH SCHOOL ATTENDED \_\_\_\_\_

DATES ATTENDED \_\_\_\_\_ CURRICULUM \_\_\_\_\_

I PLAN ON ATTENDING \_\_\_\_\_ FOR A \_\_\_\_\_ YEAR DEGREE MAJORING IN

\_\_\_\_\_.

FATHER'S NAME \_\_\_\_\_ NATIONALITY \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ NATIONALITY \_\_\_\_\_

( MOTHER'S MAIDEN NAME) \_\_\_\_\_

*WE HEREBY AGREE TO ABIDE BY ALL OF THE REQUIREMENTS OF SCHOLARSHIP*

\_\_\_\_\_  
*APPLICANT SIGNATURE* *DATE* *PARENT OR GUARDIAN SIGNATURE* *DATE*

.....  
*TO BE COMPLETED BY CURRENT HIGH SCHOOL REPRESENTATIVES:*

*I HEREBY RECOMMEND THE ABOVE-NAMED APPLICANT FOR THIS SCHOLARSHIP. HIS/HER CLASS STANDING IS*  
*# \_\_\_\_\_ OF A CLASS SIZE OF \_\_\_\_\_*

\_\_\_\_\_  
*SIGNATURE OF PRINCIPAL* *DATE* *SIGNATURE OF GUIDANCE COUNSELOR* *DATE*