



A Fraternal Life Insurance Society

WWW.POLISHBENEFICIALASSOC.COM
215-535-2626 Fax 215-535-0169
1-800-599-2917

2595 Orthodox Street
Philadelphia, PA 19137

APPLICATION FOR STUDENT AID

Name _____ Age _____

Phone # _____ Student's E-Mail Address _____

Address _____ City _____

State _____ Zip Code _____ SS # _____ Date of Birth _____

Place of Birth (City & State) _____

List Policy Number(s) _____ Group # _____

Father's Name _____ Mother's Name _____

Parent's E-Mail Address _____

EDUCATION: Please list name & location of schools and year graduated.

Grade School _____

High School _____

Accredited College, University or Technical School (Planning to attend)

Name _____

Course of Study _____

Check One: Freshman _____ Sophomore _____ Junior _____ Senior _____

The above information is true and correct, to the best of my knowledge and belief. The applicant and his/her parent or guardian understand that if active membership is not maintained with the Association, except for death, for at least five (5) years after any aid is granted, the Association may deduct such aid from any benefit which the applicant accrues on termination of his/her membership.

Signature of Applicant

Signature of Parent or Guardian

Polish Benef icial Association
2595 Orthodox Street
Philadelphia, PA 19137-1965

APPLICATION FOR EDUCATIONAL STIPEND

**TO RECEIVE EDUCATIONAL AID STUDENTS MUST MEET
THE FOLLOWING REQUIREMENTS**

1. Applicant must be an active member of the Polish Benef icial Association for at least two (2) years. 2. Educational Aid will be given to qualif ed applicants who are Full Time students at an accredited College, University or Technical School.
3. A Tuition Aid Grant of \$200 per year will be paid to qualif ed applicants who have at least the following coverage:
a) \$2000 Educational Fund Plan b)
\$5000 Permanent Life Coverage
c) All pre June 22, 1988 \$2000 Policies will also qualify.
d) Term Insurance will not qualify.
4. A Tuition Aid Grant of \$400 per year will be paid to qualif ed applicants who have a \$10,000 Education Fund Plan.
5. Freshmen must submit with this application the following: **Proof of Acceptance at the school of his/her choice, copy of deposit receipt and an Achievement Report for the year preceding date of application.**
6. Sophomore, Junior & Senior applicants are required to submit the following: **a copy of their roster for the coming semester. If not available by deadline for this application, submit application and follow with a copy when available. Also, a copy of their achievement report for the term preceding date of application.**
7. Applications must be received by **July 15th** for the coming school year.
NO LATE APPLICATIONS WILL BE CONSIDERED!
8. The Polish Benef icial Association reserves the right to change, suspend or discontinue the Educational Stipend Program at its discretion. Maximum Aid will be for a period of four (4) years.

National Board of the Polish Benef icial Association

Group Off cers Report

The Off cers of Group # _____ herewith state that this applicant is a member in good standing & favorable action on this application is recommended.

Approved by _____ Title _____ Date _____

**The Committee for Educational Aid having reviewed this application recommends
a grant in the amount of \$ _____ Dollars.**

Approved by _____ Title _____ Date _____