

❖ **Kosciuszko Foundation** ❖ **2021 Summer Study Payment Form** ❖

Applicant's Name: _____/_____/_____



- | | | |
|--------------------------|---|---------|
| <input type="checkbox"/> | Registration Fee (non-refundable) | \$ 75 |
| <input type="checkbox"/> | Session A, 4-wk language program + 2 lectures | \$ 775 |
| <input type="checkbox"/> | Session B, 2-wk language program + 2 lectures | \$ 510 |
| <input type="checkbox"/> | Session AB, 6-wk language program + 4 lectures, July + August | \$1,285 |

Enclosed: Check/Money Order # _____

Please make your check or money order payable to: **Kosciuszko Foundation, Inc.**
Send your payment with this form to: **15 East 65th Street**
New York, NY 10065

Please answer the following questions:

- | | | |
|---|------------------------------|-----------------------------|
| Is there a Polish Club at your school or university? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, are you a member? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Would you like to receive next year's:
Summer Study information? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tuition Scholarship information? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, please provide your e-mail address: _____

What is your ethnic background? _____

How did you hear about the summer program? _____

Scholarship applicants, please list the names of your recommenders:

Professor #1 _____
E-mail address

Professor #2 _____
E-mail address

Attach your check or money order here: