**APPLICATION FORM FOR SOKOLOWSKI AWARD**

Student Name:

Student Number:

Student Address:

Phone Number:

Home Town:

What semester did you begin at Buffalo State?

Are you a full-time student (at least 12 hours)?

List your academic major

List number of credit hours completed

Current grade point average

Are you of Polish descent? (Explain)

In the space below, submit any additional information which you feel would be useful to the screening committee.

Student’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_