

**\$268,500**  
**IN SCHOLARSHIPS WILL BE AWARDED TO MEMBERS OF**

First **Catholic** Slovak  
Ladies **Association**

24950 Chagrin Blvd., Cleveland, Ohio 44122 • 1-800-464-4642 [www.fcsla.org](http://www.fcsla.org)

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**COLLEGE AND GRADUATE  
2019 SCHOLARSHIP APPLICATION**

**RULES OF ELIGIBILITY**

1. An eligible applicant for a First Catholic Slovak Ladies Association Fraternal Scholarship Award must meet the following qualifications:
  - a. A member of good standing with the Association for at least **three years** prior to date of application and hold **one of the following policies in his or her own name**: a \$1,000 minimum permanent life insurance certificate; a \$5,000 minimum term certificate; an annuity certificate (no minimum amount required). Such membership standing shall be verified from the records of the Home Office.
  - b. Select an accredited college or university in the United States, and be enrolled **full-time** in a program leading to an associate's or bachelor's degree or to include post-graduate work leading to at least an associate's degree.
  - c. Applicants are eligible to win **once** in **each** of the 5 categories: Early elementary school (grades 1-4); older elementary school (grades 5-8); high school; college; and as a graduate student.
  - d. **The Award must be used toward tuition for the 2019-2020 academic year.** If the recipient receives **full** tuition funding from a governmental or other source, she/he will **not** be eligible to receive an FCSLA Award.
  
2. Application requirements:
  - a. **Freshman applicants:** Submit an **official** transcript of high school grades, including the first quarter or half of the senior year, along with scores of the College Entrance Examination Board test. Freshman applicants **who are undecided about their school choice** should indicate "undecided" in the name and address of college selected field on the application. A letterhead copy of the document of acceptance to the college named in this application must be received by the Scholarship Department before payment will be made.
  - b. **Other college and graduate applicants:** Submit an **official** transcript of the student's college or university record for the current school year. Applicants can also have his or her school send an official copy via postal mail or e-mail on his or her behalf – please indicate this on the application.
  - c. An autobiographical statement of approximately 500 words of the applicant's **goals and objectives and a wallet-sized picture**. Please include any church, school, branch or community activities and/or volunteer work. Please describe any demonstrated leadership skills.
  - d. **All applications and supporting paperwork must be received at the Home Office no later than 4:30 p.m. EST on Tuesday, February 26, 2019.** Applications received after this date and time will not be considered. Materials submitted in support of the application will not be returned. Application and supporting materials may be submitted as an e-mail attachment (PDF file) or fax. Our e-mail address is [scholarship@FCSLA.org](mailto:scholarship@FCSLA.org); our fax number is (216) 464-9260 (Attn: Scholarship Dept.).

3. One hundred forty (140) Fraternal Scholarship Awards will be awarded as follows:

<b>59 for Freshmen</b>	<b>\$1,250</b>	<b>17 for Juniors</b>	<b>\$1,250</b>	<b>19 Graduate Awards</b>	<b>\$1,750</b>
<b>28 for Sophomores</b>	<b>\$1,250</b>	<b>17 for Seniors</b>	<b>\$1,250</b>	<b>(for full-time students)</b>	

4. The final decision will be made by an outside committee in the education field. Winners will be notified by letter. Names of winners will be published in the August issue of "Fraternally Yours." Award checks will be issued in the name of the college or university and the name of the winning student.

5. Send the completed application and all required documents to:

**First Catholic Slovak Ladies Association**  
**ATTN: Scholarship Dept.**  
**24950 Chagrin Blvd.**  
**Beachwood, OH 44122**  
**E-mail: [Scholarship@fcsla.org](mailto:Scholarship@fcsla.org)**  
**Fax: (216) 464-9260**

To contact the Scholarship Department:  
**Phone: (216) 464-8015 Ext. 1054 or (800) 464-4642 Ext. 1054**  
**E-mail: [Scholarship@fcsla.org](mailto:Scholarship@fcsla.org)**

#### **FIRST CATHOLIC SLOVAK LADIES ASSOCIATION TERMS OF AWARD**

1. In the event that a scholarship recipient in any of the groups decides to withdraw, the Award must be returned to the First Catholic Slovak Ladies Association Fraternal Scholarship Fund.
2. The recipient shall observe all regulations of the educational institution, including—without limitations--those regarding residence and discipline satisfactory to the college, university, high school or elementary school.
3. No suspension of tenure permitting recipient to be absent from college, university, high school or elementary school and return to it later shall be allowed, except with the approval of the First Catholic Slovak Ladies Association.
4. The Board of Directors of the First Catholic Slovak Ladies Association reserves the right to withdraw and cancel the Fraternal Scholarship if, in the judgment of the Board and of the college, university, high school or elementary school, the recipient is no longer eligible to hold the scholarship.
5. Any member studying for the Catholic priesthood or religious life is eligible to receive two (2) scholarships if qualified and approved, and all requirements are fulfilled.

I hereby apply for a First Catholic Slovak Ladies Association Fraternal Scholarship Award for the academic year beginning:

\_\_\_\_\_ 20\_\_\_\_\_ as a \_\_\_\_\_  
Freshman, Sophomore, Junior, Senior or Graduate

At \_\_\_\_\_  
(Name and address of college selected)

For the purpose of establishing my eligibility for a scholarship award, I submit the following information which I represent to be true and complete. I have read in entirety the Rules of Eligibility and Terms of Award and I hereby accept and agree to said Rules and Terms.

(print or type)

Full name: \_\_\_\_\_

Home address: \_\_\_\_\_  
(street) (city) (state) (zip)

Social Security #: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Have you ever received an FCSLA Fraternal Scholarship Award? \_\_\_\_\_ Category? \_\_\_\_\_ Amount? \_\_\_\_\_

**Applicant's School Information**

	Name and Location of School	Dates of Attendance	Date of Graduation
High School			
College			

Please check all that apply:

- \_\_\_\_\_ (1.) My official transcripts are enclosed
- \_\_\_\_\_ (2.) I will mail my official transcripts separately to FCSLA
- \_\_\_\_\_ (3.) Letter of acceptance is pending; I will mail to FCSLA upon receipt
- \_\_\_\_\_ (4.) My school will mail my official transcripts directly to FCSLA
- \_\_\_\_\_ (5.) My school will mail my letter of acceptance directly to FCSLA

**References**

Names and addresses of Principal or counselors who have specific knowledge of applicant's academic qualifications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Application for scholarship and supporting paperwork should be mailed to:

First Catholic Slovak Ladies Association  
ATTN: Scholarship Dept.  
24950 Chagrin Blvd.  
Beachwood, Ohio 44122

Applications and supporting documents must be RECEIVED at the Home Office no later than 4:30 p.m. EST on Tuesday, February 26, 2019.

**Select One:** (Your choice does not affect eligibility)

\_\_\_\_ I am attaching my photograph. If selected as a scholarship recipient, I would like it to be included in the FCSLA publication announcing this year's winners.

\_\_\_\_ I elect not to include a photograph of myself. If selected as a scholarship recipient, no photo will be included in the FCSLA publication announcing this year's winners.

**How many in your family are members of the First Catholic Slovak Ladies Association?** \_\_\_\_\_

One of the conditions for approval of this application is the accuracy and completeness of the information supplied herein and in any attached supporting documents. I hereby consent to the filing of the application and accept the Rules of Eligibility and Terms of Award.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Signature of parent or guardian if under age 18

\_\_\_\_\_  
Mailing address of applicant

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Mailing address of parent or guardian if different

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**TO BE COMPLETED AT HOME OFFICE**

Certificate No.	Date Issued	Amount	Plan

Date of Membership \_\_\_\_\_

Verified by \_\_\_\_\_