EARLY ELEMENTARY SCHOOL (Grades 1-2-3-4)  
2019 SCHOLARSHIP APPLICATION

RULES OF ELIGIBILITY

1. An eligible candidate 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; or an annuity certificate (minimum amount not required). Such membership standing shall be verified from the records of the Home Office.

   b. Select a Private or Catholic accredited elementary school in the United States. The candidate must be in a program leading to an elementary school diploma.

   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 student receives full tuition funding from a governmental or other source, she/he will not be eligible to receive an FCSLA Scholarship Award.

   e. All applications and a wallet-sized picture 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 are not returnable. Application and supporting materials may be submitted as an e-mail attachment (PDF file) or fax. Our e-mail address is scholarship@FCSLA.org; our fax number is (216) 464-9260 (Attn: Scholarship Dept.).

2. Winners are selected in a lottery-type drawing by an outside committee. Winners will be notified by letter. Names of winners will be published in the August issue of "Fraternally Yours". The Award check will be issued in the name of the elementary school and the name of the winning student.

3. Thirty-two (32) Early Elementary School Fraternal Scholarship Awards at $750 each, will be given as follows:

   8 for 1st graders  8 for 3rd graders
   8 for 2nd graders  8 for 4th graders

4. Send completed application and address all communications to:

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

   To contact the Scholarship Department:
   Phone: (216) 464-8015 Ext. 1054 or (800) 464-4642 Ext. 1054
   E-mail: Scholarship@fcsla.org
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 and the educational institution.

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 if the necessary supporting documents are submitted.
I hereby apply for a First Catholic Slovak Ladies Association Fraternal Scholarship Award for the academic year beginning

____________________________20__________ for grade________________________

Grades 1, 2, 3 or 4

At ____________________________

(Name and address of elementary school)

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 #: __________________________

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

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<thead>
<tr>
<th>Name and Location of School</th>
<th>Dates of Attendance</th>
<th>Date of Graduation</th>
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<td>Elementary</td>
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How many of your family are members of the First Catholic Slovak Ladies Association? __________

Application for scholarship and supporting paperwork should be mailed to:

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

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

____________________________________  ______________________________________
Signature of parent or guardian             Date

____________________________________  ______________________________________
Mailing address of parent or guardian       E-mail address of parent or guardian

TO BE COMPLETED AT HOME OFFICE

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<tr>
<th>Certificate No.</th>
<th>Date Issued</th>
<th>Amount</th>
<th>Plan</th>
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Date of Membership ________________________________       Verified by__________________________________________