

**Over \$287,000
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

**SEMINARY, DIACONATE OR RELIGIOUS LIFE
2021 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; or 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 student, grades 1-4; older elementary school student, grades 5-8; high school student; college student; and graduate student.
 - d. **The Award must be used toward tuition for the 2021-2022 academic year.** Half of the award in the Fall and the other half in the Spring semesters. If the recipient receives **full** tuition funding from a governmental or other source, she/he will **not** be eligible to receive an FCSLA Award.
 - e. Members from **Polish Women's Alliance of America (PWAA)** are not eligible for FCSLA scholarships at this time. Members from PWAA should contact the Scholarship Department at Scholarship@fcsla.org or call 1-800-464-4642 ext. 1054 for other PWAA scholarship opportunities.

2. Application requirements:
 - a. Submit an **official** transcript of the applicant'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.
 - a. **An autobiographical statement** of approximately 500 words containing your goals and objectives. Describe any demonstrated leadership skills. In one of the paragraphs describe how you were involved in school activities. In another, give details of your church or community service. Was it voluntary? Mandatory?
 - b. Include a **wallet-sized photo**. It must be an actual photo printed on photo paper or a .jpg attachment to an e-mail when submitting electronically. Poor quality photos cannot be published.
 - c. **All applications and supporting documents must be POSTMARKED or electronically received no later than Tuesday, February 9, 2021.** Applications postmarked or electronically received after this date will not be considered. Materials submitted in support of the application will not be returned. Application and supporting documents may be submitted electronically 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).

3. 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". The Award checks will be issued in the name of the college or university and the name of the winning student.
4. 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
Fax: (216) 464-9260

To contact the Scholarship Department:
Phone: (216) 464-8015 Ext. 1054 or (800) 464-4642 Ext. 1054

FIRST CATHOLIC SLOVAK LADIES ASSOCIATION
TERMS OF AWARD

1. The award must be used for tuition for the academic year(s) for which it was awarded.
2. 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.
3. 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.
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.

Home Office Use

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.

APPLICANT'S PERSONAL INFORMATION (please print or type)

Full Name:			
Home Address:			
(street)	(city)	(state)	(zip)
Social Security # (last 4 digits):		Email:	
Date of Birth:		Telephone:	
Father's Name:		Mother's Maiden Name:	

Have you ever received an FCSLA Fraternal Scholarship Award? (circle one) Y N

If yes, enter: Year _____ Category _____ Amount _____

Are you attending classes full-time (12 or more credit hours)? (circle one) Y N

- 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

Select One: (Your choice does not affect eligibility)

_____ I am attaching my photograph (a photo printed on photo paper or a .jpg attachment to an e-mail). 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? _____

REFERENCES

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

Applications and supporting documents must be POSTMARKED or electronically received no later than Tuesday, February 9, 2021.

Application for scholarship and supporting documents should be mailed to:

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

I understand that this award must be used towards tuition (please initial) _____

I certify that the information on this form and the supporting documents are true and complete to the best of my knowledge. I understand that the information will be considered confidential, for review by the Judging Committee. I consent to the filling of the application and accept the Rules of Eligibility and Terms of Award.

_____ Date

_____ Signature of applicant

_____ Mailing address of applicant

_____ Signature of parent or guardian if under age 18

_____ Mailing address of parent or guardian if different

TO BE COMPLETED AT HOME OFFICE

Certificate No.	Date Issued	Amount	Plan

Date of Membership _____

Verified by _____

First **Catholic** Slovak
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24950 Chagrin Blvd.
Beachwood, Ohio 44122

TO BE COMPLETED BY JUDGING COMMITTEE:

Category	Max Score	Actual Score
Academic Standing	40	
Church/Community Value	30	
School Involvement/Essay	30	
Total Points (must not exceed 100 pts)	100	

2020 SEMINARY DIACONATE OR RELIGIOUS LIFE Fraternal Scholarship Application

Student's FIRST NAME ONLY: _____

I am applying for a First Catholic Slovak Ladies Association Fraternal Scholarship Award for the academic period beginning year 20_____

Name and address of college or university selected _____

Check here if you are currently undecided.

APPLICANT'S SCHOOL INFORMATION

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

ESSAY REQUIREMENTS:

An autobiographical statement of approximately 500 words containing your goals and objectives. Describe any demonstrated leadership skills. In one of the paragraphs describe how you were involved in school activities. In another, give details of your church or community service. Was it voluntary? Mandatory?