$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

SEMINARY, DIACONATE OR RELIGIOUS LIFE
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; 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 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. 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.

b. Submit an autobiographical statement of approximately 500 words of the applicant’s goals and objectives. Please include any church, school, branch or community activities and/or volunteer work. Please describe any demonstrated leadership skills.

c. A wallet-sized picture.

a. All applications and supporting paperwork must be received by the Home Office no later than 4:30 p.m. EST on Tuesday, February 26, 2019. Applications received after this date 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; 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

To contact the Scholarship Department:  
Phone: (216) 464-8015 Ext. 1054 or (800) 464-4642 Ext. 1054  
E-mail: 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 the recipient to be absent 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________ as a __________________________

Seminarian, Diaconate or Religious Life

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

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<tr>
<th>Name and Location of School</th>
<th>Dates of Attendance</th>
<th>Date of Graduation</th>
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<td>College</td>
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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
Application and supporting documents must be RECEIVED at the Home Office no later than 4:30 p.m. EST on Tuesday, February 26, 2019.

References

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

_________________________________________________________________________________

_________________________________________________________________________________

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 of 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 aforesaid Rules of Eligibility and Terms of Award which were hereto annexed.

______________________________  ______________________________
Signature of applicant                  Date

______________________________  ______________________________
Mailing address of applicant              E-mail address of applicant

TO BE COMPLETED AT HOME OFFICE

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<th>Certificate No.</th>
<th>Date Issued</th>
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Date of Membership ____________________________  Verified by ____________________________