

**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

**EARLY ELEMENTARY SCHOOL (Grades 1-2-3-4)
2021 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 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. 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.
 - f. **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.).
 - g. 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. **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:

**1st graders - \$750 each
2nd graders - \$750 each**

**3rd graders - \$750 each
4th graders - \$750 each**

4. Send completed application and address all communications 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.

**2021 EARLY ELEMENTARY
 SCHOOL
 (Grades 1-2-3-4)
 Fraternal Scholarship
 Application**

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.

I will be attending as a (circle one): 1st Grade 2nd Grade 3rd Grade 4th Grade

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 _____

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 of your family are members of the First Catholic Slovak Ladies Association? _____

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 (parent or guardian, 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.

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

Certificate No.	Date Issued	Amount	Plan

Date of Membership _____

Verified by _____

**2021 EARLY ELEMENTARY SCHOOL
 (Grades 1-2-3-4)
 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_____

I will be attending as a (circle one): 1st Grade 2nd Grade 3rd Grade 4th Grade

Name and address of school selected _____

Check here if you are currently undecided.

APPLICANT'S SCHOOL INFORMATION

	Name and Location of School	Dates of Attendance	Date of Graduation
Elementary			