

**\$248,250**  
**IN SCHOLARSHIPS WILL BE AWARDED TO MEMBERS**

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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**SEMINARY AND DEACON**  
**2012 SCHOLARSHIP APPLICATION**

**RULES OF ELIGIBILITY**

1. An eligible candidate for a First Catholic Slovak Ladies Association Fraternal Scholarship Award shall be a member of good standing of the First Catholic Slovak Ladies Association. Such candidate must have been a beneficial member of the Association for at least three years prior to date of application and **on a \$1,000 legal reserve certificate, a \$5,000 term certificate, or have an annuity certificate.** Such membership standing shall be verified from the records of the member's local branch and at the Home Office.
2. All candidates for a Fraternal Scholarship Award may select an accredited college or university in the United States or Canada. The candidate must be in a program leading to a bachelor's degree. Full time students working toward a two-year associate degree are eligible.
3. For freshmen, candidates must submit an **official** transcript of high school grades, including the first half of the senior year, along with scores of the College Entrance Examination Board test, to the Director of Fraternal Scholarship Aid.
4. For candidates other than a freshman scholar, candidate shall furnish an **official** transcript of the scholar's college or university record supporting documents 5 and 9.
5. An autobiographical statement of approximately 500 words of the applicant's **goals and objectives, together with a wallet-sized picture,** must accompany this application. Within your biographical statement, please indicate any school or civic activities and/or volunteer work in which you participated. Please describe any ways in which you demonstrated leadership skills.
6. A letterhead copy of the document of acceptance to the college named in this application must be received by the Committee on Fraternal Scholarships before payment will be made.
7. The final decision will be made by the Committee on Fraternal Scholarship Aid. Winners will be notified in June in the year applied for the Scholarship Award. 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. **The Award must be used toward tuition for the 2012-2013 academic year.** If a student receives full tuition funding from a governmental or other source, she/he will **not** be eligible to receive an FCSLA Award.
8. Awards will be made for one academic year. Applicants are eligible to win once as an elementary school student, once as a high school student, once as a college student, and once as a graduate student.
9. The final date for filing this application with membership verified by the financial secretary of the local branch, as well as for the supporting documents required in numbers 3, 4, and 5 above, is **March 1, 2012.** All applications must be postmarked no later than March 1. Those postmarked later will not be considered. Material submitted in support of the application will not be returned.

10. There are one hundred thirty-three (133) Fraternal Scholarship Awards made to a college or university as follows:

|                           |                        |                            |
|---------------------------|------------------------|----------------------------|
| 58 for Freshman \$1,250   | 16 for Juniors \$1,250 | 16 Graduate Awards \$1,750 |
| 27 for Sophomores \$1,250 | 16 for Seniors \$1,250 | (for full time students)   |

11. If applying for a Seminary or Deacon Scholarship, it is necessary to complete all documents.

12. Send completed application and address all communications to:

**First Catholic Slovak Ladies Association  
Director of Fraternal Scholarship Aid  
24950 Chagrin Blvd.  
Beachwood, OH 44122**

**Phone: (216) 464-8015 or (800) 464-4642**

**E-mail: [info@fcscla.org](mailto:info@fcscla.org)**

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

1. In the event that a candidate receiving a Fraternal Scholarship Award in any one of the groups decides to withdraw, the Award must be returned to the First Catholic Slovak Ladies Association Fraternal Scholarship Fund.
2. The scholar 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 scholar 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 said Board and of the college, university, high school or elementary school, the scholar is no longer eligible to hold the scholarship.
5. Any member studying for the priesthood is eligible to receive two (2) scholarships if qualified and approved, and if the necessary supporting documents are submitted.

# COLLEGE

## APPLICATION FOR FIRST CATHOLIC SLOVAK LADIES ASSOCIATION FRATERNAL SCHOLARSHIP AWARD

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, Graduate, Seminarian, Deacon

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 # \_\_\_\_\_

Date of birth: \_\_\_\_\_ Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

How many family dependents? \_\_\_\_\_ Family yearly income \$ \_\_\_\_\_

Mention any financial circumstances which may place a heavy burden on your family. \_\_\_\_\_

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

Have you ever received an F.C.S.L.A. Fraternal Scholarship Award? \_\_\_\_\_ When? \_\_\_\_\_ Amount? \_\_\_\_\_

List all financial assistance including: Federal, State, Private, College or University Foundation.

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

**Note: Application for scholarship should be mailed to First Catholic Slovak Ladies Association, Director of Fraternal Scholarship Aid, 24950 Chagrin Blvd., Beachwood, Ohio 44122**

**Applicant's School Record**

| Name and Location of School | Dates of Attendance | Date of Graduation |
|-----------------------------|---------------------|--------------------|
| High School _____           | _____               | _____              |
| College _____               | _____               | _____              |
| _____                       | _____               | _____              |

**References**

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

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |

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.

Date \_\_\_\_\_.

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

\_\_\_\_\_  
Signature of parent or guardian

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

\_\_\_\_\_  
Address of parent or guardian

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

Branch \_\_\_\_\_

|       |
|-------|
| _____ |
| _____ |
| _____ |

**APPLICANT TO OBTAIN VERIFICATION FROM BRANCH**

**Membership Verification**

We hereby certify that the above applicant is a member in good standing on the records of

Branch: \_\_\_\_\_ located in: \_\_\_\_\_  
City and State

\_\_\_\_\_  
Branch Secretary

**TO BE COMPLETED AT HOME OFFICE**

The Home Office records show the above named member is in good standing under

| Certificate No. | _____ | Issued | _____ | Amt. | _____ | Plan | _____ |
|-----------------|-------|--------|-------|------|-------|------|-------|
|                 | _____ |        | _____ |      | _____ |      | _____ |
|                 | _____ |        | _____ |      | _____ |      | _____ |
|                 | _____ |        | _____ |      | _____ |      | _____ |

Birth date \_\_\_\_\_

\_\_\_\_\_  
National Secretary