Over $248,000 IN SCHOLARSHIPS WILL BE AWARDED TO MEMBERS OF

FCSLALife

Insurance You Can Trust Since 1892.

24950 Chagrin Blvd., Cleveland, Ohio 44122 ● 1-800-464-4642 **www.fcsla.org**

HIGH SCHOOL (Grades 9-10-11-12)
2027-2028 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 in good standing with the Association for a minimum of **three years** prior to date of application. The applicant must also hold **one of the following policies in their own name**: a permanent life insurance policy with a face amount of at least $1,000; a term insurance policy with a minimum coverage of $5,000; or an annuity certificate. Membership eligibility and policy requirements will be verified by the Home Office records.

   b. **Members currently enrolled in Z-Branches,** formerly known as Polish Women's Alliance of America (PWAA) - who meet all other eligibility criteria may apply for any available scholarships.

   c. **Select a private or Catholic accredited high school in the United States** and be in a program leading to a High School diploma.

   d. **Applicants may receive one scholarship per category**. If you have already been awarded a High School Scholarship (grades 9-12), you are not eligible to apply for an additional High School Scholarship.

   e. **Use of Funds:** The award must be applied toward **school-related expenses** for the academic year for which it was awarded. Eligible costs include tuition, books, fees, and course- or degree-specific expenses, such as required supplies or equipment.

2. Application Requirements:

   a. Submit a written essay of approximately 250 words on **"What This High School Scholarship Will Do For Me."** Please describe any demonstrated leadership skills and how you were involved in school activities. Also, give details of your service to your church, community or FCSLA. Was it voluntary? Mandatory?

   b. **Letter of recommendation**: Include one letter of recommendation from someone other than a family member.

   c. **For High School Freshmen candidates:** Submit an **official** grade report of the most recent grading period. Previous school year's grades are also acceptable. Submit a copy of the acceptance letter from the high school named in this application.

   d. **For all other high school candidates:** Submit an **official** grade report of the applicant's high school record for the most recent grading period.

   e. **Photo Submission:** Include a wallet-sized photo (optional). It must be either:
      - a printed photo on photo paper; or
      - a .jpg attachment submitted electronically. Note: Photos must be of good quality to be eligible for publication.

f. **Submission Deadline:** All applications and supporting documents must be **POSTMARKED or electronically received by Tuesday, February 9, 2027.** Late submissions will not be considered. Materials submitted will not be returned.

   Applications and supporting documents may be submitted as a PDF file via email or sent via fax to (216) 464-9260, Attn: Scholarship Dept. For email submissions, please use the following address scholarship@fcsla.com.

3. 19 High School Fraternal Scholarship Awards given as follows:

   High School Freshmen - $1,500 each **High School Junior - $1,500 each**
   High School Sophomore - $1,500 each **High School Senior - $1,500 each**

   Florence Hovanec Memorial Scholarship - $1,500 each
   John & Geraldine Gaydos Scholarship - $1,500 each

4. **Selection and Award Process:** The final decision will be made by an independent Judging Committee composed of professionals in the education field. Scholarship recipients will be notified by letter during the **2nd week in May 2027**. The names of all winners will be published in the August issue of "Fraternally Yours." Award checks will be issued on or about July 1st in the name of the college or university and in the name of the student.

5. Send completed application and address all communications to:

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

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

TERMS OF AWARD

1. **The award must be used solely for school-related expenses – such as tuition, books, fees, and course- or degree-specific supplies and equipment - for the academic year in which it was awarded.**

2. If a scholarship recipient withdraws from their program, the award must be returned to First Catholic Slovak Ladies Association Fraternal Scholarship Fund.

3. Recipients are expected to comply with all regulations of their educational institution. This includes, but is not limited to, requirements related to residence and conduct, as deemed satisfactory by the vocational school, technical institute, or college.

4. The Board of Directors of First Catholic Slovak Ladies Association reserves the right to withdraw and cancel the scholarship if, in the judgment of both the Board and the educational institution, the recipient is no longer eligible to hold the award.

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Beachwood, Ohio 44122

2027 HIGH SCHOOL 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 the said Rules and Terms.

I will be attending as a (circle one): Freshman Sophomore Junior Senior

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:**		

Eligibility Questions:

1. **Have you ever received a high school scholarship award from FCSLA?**
   (circle one) Y N If yes, you are not eligible to apply for an additional high school scholarship (Rule 1.d.).

2. **Was your policy issued on or before February 9th, 2024? Y N** If no, you do not meet the eligibility requirements of Rule 1.a.

3. **Is the Private or Catholic accredited high school located in the United States? Y N**

Please check all that apply:
_____ (1.) Grade report is enclosed
_____ (2.) I will mail my official transcripts separately to FCSLA.
_____ (3.) Letter of acceptance is pending; It will be mailed to FCSLA upon receipt (First-year applicants only)
_____ (4.) My school will mail my grade report 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 FSLA publication announcing this year's winners.

APPLICANT'S SCHOOL INFORMATION

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

Applications and supporting documents must be POSTMARKED or electronically received no later than Tuesday, February 9, 2027.

With this Scholarship Application I have enclosed these requirements:

_____Official Grade Report
_____Essay
_____Letter of Acceptance (if Freshman)
_____Letter of Recommendation
_____Photo (if desired)

Application for scholarship and supporting documents should be mailed to:

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

I understand that this award must be used towards school-related expenses (e.g. tuition, books, fees, and course or degree-related costs (like supplies and equipment required for specific classes) for the academic year for which it was awarded. (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

_____
Signature of parent or guardian if under age 18

_____
Mailing address of applicant

_____
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 _____

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2027 HIGH SCHOOL 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 in the fall of year 20_____

I will be attending as a (circle one): Freshman Sophomore Junior Senior

Name and address of school selected _____

_____

◯ Check here if you are currently undecided.

TO BE COMPLETED BY JUDGING COMMITTEE:

JUDGING CRITERIA:

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

ESSAY REQUIREMENTS:
Submit a written essay of approximately 250 words on **"What This High School Scholarship Will Do For Me."** Please describe any demonstrated leadership skills and how you were involved in school activities. Also, give details of your church or community service. Was it voluntary? Mandatory?

LETTER OF RECOMMENDATION: Required