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

SEMINARY, DIACONATE OR RELIGIOUS LIFE - 2027-2028 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 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. Applicants must select an accredited college or university in the United States and be enrolled full-time (at least 12 credit hours) in a program leading to an associate or bachelor's degree. Post-graduate applicants must be enrolled full-time for at least 9 credit hours in an accredited college or university in the United States.

   d. Applicants studying for the **Catholic priesthood or religious life** may be eligible to receive up to two (2) Seminary, Diaconate or Religious Life scholarships.

   e. **Use of Funds:** The $2,500 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 your most recent official college or university transcript. If preferred, your school may send an official copy directly via postal mail or email—please indicate this choice on your application.

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

   c. **Autobiographical Statement:** Submit an autobiographical statement of approximately 500 words outlining your goals and objectives. The statement must also address the following:
      - Describe any leadership skills you have demonstrated.
      - Include one paragraph about your involvement in school activities.
      - Include another paragraph detailing your church or community service. Was your service voluntary or mandatory?

   d. **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. Send the completed application and all required documents to:

FCSLA Life
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.

5. Members studying for the **Catholic priesthood or religious life** may be eligible to receive up to two (2) scholarships provide all qualifications are met and requirements fulfilled.

FCSLALife
Insurance You Can Trust Since 1892.

24950 Chagrin Blvd.
Beachwood, Ohio 44122

2027 SEMINARY DIACONATE OR RELIGIOUS LIFE 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.

APPLICANT'S PERSONAL INFORMATION (please print or type)

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

1. **Have you ever received an FCSLA Fraternal Scholarship Award in the Seminary Diaconate or Religious Life category?**
   (circle one) Y N If yes, enter: Year_____ Amount_____

2. **Will you be attending classes full-time (12 or more credit hours)? (circle one) Y N**

3. **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

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.

APPLICANT'S SCHOOL INFORMATION

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

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 transcripts
_____Autobiographical statement
_____Letter of Recommendation
_____Letter of Acceptance (if first year student)
_____Photo (if desired)

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.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 required

TO BE COMPLETED AT HOME OFFICE

Certificate No.	Date Issued	Amount	Plan

Date of Membership _____ Verified by_____

FCSLALife
Insurance You Can Trust Since 1892.

24950 Chagrin Blvd.
Beachwood, Ohio 44122

Home Office Use

2027 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.

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:
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?

LETTER OF RECOMMENDATION: Not related to applicant.