#### Over \$287,000 IN SCHOLARSHIPS WILL BE AWARDED TO MEMBERS OF



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

## COLLEGE AND GRADUATE 2024 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 <u>and</u> 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; an annuity certificate (no minimum amount required). Such membership standing shall be verified from the records of the Home Office.
  - b. Members currently in **Z-Branches** from the former Polish Women's Alliance of America (PWAA) are eligible for FCSLA scholarships once they hold, in their own name, an <u>FCSLA issued</u> policy for 3 years prior to date of scholarship application. Other scholarship opportunities are available exclusively to Z Group members through the PWAA Charitable and Educational Foundation. Interested members should contact the Scholarship Department at Scholarship@fcsla.org or call 1-800-464-4642 ext. 1054.
  - c. 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.
  - d. 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 or vocational/technical/trade school; and as a graduate student.
  - e. The Award must be used toward 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.

#### 2. Application requirements:

- a. Freshman applicants: Submit an official transcript of high school grades, including the first quarter or half of the senior year, along with scores of the College Entrance Examination Board test. Freshman applicants who are undecided about their school choice should place a check mark on the last page of the application right below the name and address of college or university field. A letterhead copy of the document of acceptance to the college named in this application must be received by the Scholarship Department before payment will be made.
- b. Other college and graduate applicants: Submit the most recent official transcript of the student's college or university record. 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.
- c. **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?

- d. 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.
- e. All applications and supporting documents must be POSTMARKED or electronically received no later than Tuesday, February 13, 2024. 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 <a href="mailto:scholarship@FCSLA.org">scholarship@FCSLA.org</a>; our fax number is (216) 464-9260 (Attn: Scholarship Dept.).
- 3. 146 Fraternal Scholarship Awards will be awarded as follows:

Freshmen - \$1,250 each Sophomores - \$1,250 each Juniors - \$1,250 each Seniors - \$1,250 each Graduate Awards - \$1,750 each

- 4. The final decision will be made by an outside committee in the education field (Judging Committee). Winners will be notified by letter the 2<sup>nd</sup> week in May, 2024. Names of 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 winning student.
- 5. Send the completed application and all required documents to:

FCSLA Life ATTN: Scholarship Dept. 24950 Chagrin Blvd. Beachwood, OH 44122

E-mail: <u>Scholarship@fcsla.org</u> Fax: (216) 464-9260

To contact the Scholarship Department:

Phone: (216) 464-8015 Ext. 1054 or (800) 464-4642 Ext. 1054

#### FCSLA LIFE TERMS OF AWARD

- 1. The award must be used for school-related expenses (e.g. tuition, books, fees, and course or degreerelated costs (like supplies and equipment required for specific classes) for the academic year for which it was awarded.
- 2. In the event a scholarship recipient in any of the groups decides to withdraw the award must be returned to 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 vocational, trade, technical school or college.
- 4. The Board of Directors of 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 all requirements are fulfilled.



# **2024 COLLEGE & GRADUATE** Fraternal Scholarship Application

#### 24950 Chagrin Blvd. Beachwood, Ohio 44122

					Home Office	e Use
For the purpose of establishing material represent to be true and complete. accept and agree to said Rules and	I have read in en					
will be attending school in the fall as		nan Sopho	more Ju	ınior	Senior	Graduate
My estimated graduation date is	Month	Year				
APPLICAI	NT'S PERSONAL	.INFORMAT	ON (please pri	int or typ	e)	
Full Name:						
Home Address:						
(stree	:)		(city)		(state)	(zip)
Social Security # (last 4 digits):		Email:				
Date of Birth:		Teleph	one:			
Father's Name:		Mother	's Maiden Na	me:		
Have you <u>ever</u> received an FCSLA	Fraternal Scholars	ship Award?	(circle one)	Y	N	
If yes, enter: Year	Category	Amo	ount			
Are you attending classes full-time	(12 or more credi	it hours)?	(circle one)	Y	N	
Please check all that apply:	(4.) My	rill mail my offic tter of acceptar r school will ma		eparatel I will ma nscripts	il to FCSLA up directly to FC	SLA
Select One: (Your choice does not affect	ct eligibility)					
I am attaching my photograph scholarship recipient, I would like it to						selected as a
I elect not to include a photogram  FCSLA publication announcing this year.		lected as a sc	nolarship recipi	ent, no p	photo will be in	ncluded in the
How many in your family are member	s of the First Catho	olic Slovak Ladi	es Association	>		

#### **REFERENCES**

Names and addresses qualifications:	of Principal, counselo	rs or advisors wh	o have specific knowledge of applicant's academic			
Applications and sup Tuesday, February 1	. •	must be POSTM	ARKED or electronically received no later than			
Applica	ation for scholarship	and supporting	documents should be mailed to:			
FCSLA Life ATTN: Scholarship Dept. 24950 Chagrin Blvd. Beachwood, Ohio 44122 E-mail: Scholarship@fcsla.org Fax: (216) 464-9260						
			penses (e.g. tuition, books, fees, and course or degreeses) for the academic year for which it was awarded.			
	formation will be conside	ered confidential, for	nts are true and complete to the best of my knowledge. or review by the Judging Committee. I consent to the s of Award.			
	Date					
Signatu	re of applicant		Signature of parent or guardian if under age 18			
Mailing ad	dress 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		V	erified by_			



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## 2024 COLLEGE & GRADUATE Fraternal Scholarship Application

Fraternal S	ternal Scholarship Application						
						Home Office Use	
Student's <b>FIRST</b>	NAME ONLY:						
I am applying for year 20	a First Catholic Slov	ak Ladies Asso	ciation Fraternal S	cholarship Aw	ard for the aca	demic period beg	inning
I will be attending	as a (circle one):	Freshman	Sophomore	Junior	Senior	Graduate	
Name and addres	ss of college or univ	ersity selected <sub>-</sub>					
Check here if y	you are currently un	decided.					
	,	APPLICANT'	S SCHOOL IN	FORMATIO	N		
	Name and L		Dates of A	ttendance	Date	of Graduation	i

### 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 REQUIREMENT:**

**High School** 

College

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?