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



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

EARLY ELEMENTARY SCHOOL (Grades 1-2-3-4) 2023 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 scholarship 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; 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 2023-2024 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 14, 2023. 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 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 FCSLA issued 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. 1054.2.
- 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

FCSLA LIFE 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 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.



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2023 EARLY ELEMENTARY SCHOOL (Grades 1-2-3-4) Fraternal Scholarship Application

				Home Office Use			
For the purpose of establishing my represent to be true and complete. accept and agree to said Rules and	I have read in enti						
I will be attending as a (Check one):	1st Grade	2 nd Grade	3 rd Grade	4 th 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:	e of Birth: Telephone:						
Father's Name:		Mother's Maide	n Name:				
Have you <u>ever</u> received an FCSLA Fraternal Scholarship Award? Check one:YN If yes, enter: Year Category Amount							
				_			
Select One: (Your choice does not	affect eligibility)						
I am attaching my photograph (scholarship recipient, I would like it to							
I elect not to include a photogr the FCSLA publication announcing t			arship recipient, no	photo will be included in			
How many of your family are member	ers of the First Catl	holic Slovak Ladie	s Association?				

Applications and supporting documents must be POSTMARKED or electronically received no later

Early Elementary School Application - Rev 2021

than Tuesday, February 14, 2023.

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 av	ward must be used towar	ds <u>tuition</u> (parent or	guardian, please initial)		
knowledge. I understar	nd that the information	will be considered	cuments are true and complete to the best of my confidential, for review by the Judging Committee. I ility and Terms of Award.		
Signature of parent or guardian (Please Print & Sign)			Date		
Mailing addre	ess 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		Ve	rified by		



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TO BE COMPLETED BY JUDGING COMMITTEE:

Category

Church/Community Value

School Involvement/Essay

(must not exceed 100 pts)

Total Points

Academic Standing

Max

Score

40

30

30

100

Actual

Score

Home Office Use

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 (Check one):1st Grade2nd Grade3rd Grade4th 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			