## 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) 2024 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 application and 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. 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 a Private or Catholic accredited elementary school in the United States.
  - 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; and as a graduate student.
  - e. The Award must be used toward school-related expenses (e.g., tuition, books, fees, and school-related costs like supplies and equipment required for specific classes) for the academic year for which it was awarded.
  - f. Include a **wallet-sized photo.** It must be an actual photo printed on photo paper or a .jpg attachment to an email when submitting electronically. Poor quality photos cannot be published.
  - g. 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.).
- 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. 32 Early Elementary School Fraternal Scholarship Awards will be given as follows:

1<sup>st</sup> grade - \$750 each 2<sup>nd</sup> grade - \$750 each 3<sup>rd</sup> grade - \$750 each

4th grade - \$750 each

4. Send completed application and address all communications 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 toward school-related expenses (e.g., tuition, books, fees, and school-related 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 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.



# 2024 EARLY ELEMENTARY SCHOOL (Grades 1-2-3-4) Fraternal Scholarship Application

### 24950 Chagrin Blvd. Beachwood, Ohio 44122

|   |                  |                       |  | Home C                | office Use            |
|---|------------------|-----------------------|--|-----------------------|-----------------------|
| For the purpose of establishing represent to be true and complete accept and agree to said Rules ar | e. I have read i |                       |  |                       |                       |
| I will be attending school in the fall i  | n (circle one):  | 1 <sup>st</sup> Grade | 2 <sup>nd</sup> Grade  | 3 <sup>rd</sup> Grade | 4 <sup>th</sup> Grade |
| APPLICA   | NT'S PERSO       | NAL INFORM            | ATION (please pri  | nt or type)           |                       |
| Full Name:  |                  |                       |  |                       |                       |
| Home Address:   |                  |                       |  |                       |                       |
| (stre   | et)              |                       | (city)   | (state)               | (zip)                 |
| Social Security # (last 4 digits)   | :                | Emai                  | l:   |                       |                       |
| Date of Birth:  |                  | Telep                 | hone:  |                       |                       |
| Father's Name:  |                  | Moth                  | er's Maiden Name   | :                     |                       |
| Have you <u>ever</u> received an FCSL   | A Fraternal Sch  | olarship Award?       | (circle one)   | Y N                   |                       |
| If yes, enter: Year   | Category         | An                    | nount  |                       |                       |
| Please check all that apply:  | (2               |                       | enclosed<br>Il be mailed separat<br>nail my g <u>rade report</u> |                       | A                     |

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.

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

Applications and supporting documents must be POSTMARKED or electronically received no later than Tuesday, February 13, 2024.

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.org Fax: (216) 464-9260

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

| I understand that the inf |                | ered confidential, | nents are true and complete to the best of my knowledge. for review by the Judging Committee. I consent to the ms of Award. |  |  |
|---------------------------|----------------|--------------------|---|--|--|
| D                         | ate            |                    |   |  |  |
| Signature                 | of applicant   |                    | Signature of parent or guardian if under age 18   |  |  |
| Mailing address 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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# 2024 EARLY ELEMENTARY SCHOOL (Grades 1-2-3-4) Fraternal Scholarship Application

| Fraternal Scholarship A                             | pplication            | on                    |                       |                       |           |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------|
|   |                       |                       | <del>-</del>          | Home Office Use       |           |
|   |                       |                       |                       |                       |           |
| Student's FIRST NAME ONLY:                          |                       |                       |                       |                       |           |
| l am applying for a First Catholic Slova<br>year 20 | k Ladies Assoc        | iation Fraternal Sch  | holarship Award fo    | the academic period b | oeginning |
| I will be attending as a (circle one):              | 1 <sup>st</sup> Grade | 2 <sup>nd</sup> Grade | 3 <sup>rd</sup> Grade | 4 <sup>th</sup> Grade |           |
| Name and address of school selected                 |                       |                       |                       |                       |           |
|   |                       |                       |                       |                       |           |
| Check here if you are currently unde                | ecided.               |                       |                       |                       |           |
|   |                       |                       |                       |                       |           |

## **APPLICANT'S SCHOOL INFORMATION**

|            | Name and Location of School | Dates of Attendance | Date of Graduation |
|------------|-----------------------------|---------------------|--------------------|
| Elementary |                             |                     |                    |
|            |                             |                     |                    |
|            |                             |                     |                    |

## TO BE COMPLETED BY THE JUDGING COMMITTEE

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