FCSLA Iowa District #12

First Catholic Slovak Ladies Association

Scholarship Application

(Please type or print)

Name	Birthdate
Applicant Address	
Telephone Number	Member of Branch #
Father, Stepfather, or Guardian	
Occupation	
Mother, Stepmother, or Guardian	
Occupation	Novelo en effette e la la esta la esta
Number of younger siblings	_ Number of older siblings
Number of siblings that will be in college next y	ear
School presently attending	
If just finishing high school please add: Class F	Rank Class size
High school or college GPA	
List participation in school extracurricular activit	ies
List participation in other activities (church, com	nmunity, etc)
Honors received:	
Field of study you plan to enter in college	
Are you or have you been employed part time? In 50 words or less, provide a brief statement o	

What is your parish affiliation?_

List all fami Name	ily members who belong to the First Catholic Slovak I Relationship to you	Ladies Association (FCSLA): branch number
if more add	d to bottom or back of form)	
I verify tha	t the following steps have been completed:	
1) I ha	ve applied to (Junior college, college, trade school, U	Iniversity)
,	ve sent my most recent transcript to the above school sent a copy with this scholarship application.	ol(s) on (date)
and	•	
and I have ans	sent a copy with this scholarship application.	
and I have ans App	sent a copy with this scholarship application. wered all questions to the best of my ability and c	certify them as being correc
and I have ans App	sent a copy with this scholarship application. wered all questions to the best of my ability and constraint signature plicant signature mature of parent if applicant is under 18 years Please send application with latest trans	certify them as being correct Date
and I have ans App	sent a copy with this scholarship application. wered all questions to the best of my ability and control of the best of the best of my ability and control of the best of the best of my ability and control of the best of the best of my ability and control of the best of the best of my ability and control of the best of the best of my ability and control of the best of th	certify them as being correct Date Date Date

Ankeny, IA 50021 Or electronically to:

FCSLAIowaDistrict12VicePres@gmail.com