

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



24950 Chagrin Blvd., Cleveland, Ohio 44122 • 1-800-464-4642 [www.fcsla.org](http://www.fcsla.org)

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## **HIGH SCHOOL 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 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. **Select a private or Catholic accredited high school in the United States** and be in a program leading to a High 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.** If a student received **full** tuition funding from a governmental or other source, she/he will **not** be eligible to receive an FCSLA Scholarship Award.
  - e. 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](mailto:Scholarship@fcsla.org) or call 1-800-464-4642 ext. 1054.
2. Application Requirements:
  - a. Submit a written essay of approximately 250 words on **"What This High School Scholarship Will Do For Me."** Please describe any demonstrated leadership skills and how you were involved in school activities. Also, give details of your church or community service. Was it voluntary? Mandatory?
  - b. 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.
  - c. **For High School Freshmen candidates:** Submit an **official** grade report of the current school year's grades. Previous school year's grades are also acceptable. Submit a copy of the acceptance letter from the high school named in this application.
  - d. **For all other high school candidates:** Submit an **official** grade report of the applicant's high school record for the current school year

e. **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 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](mailto:scholarship@FCSLA.org); our fax number is (216) 464-9260 (Attn: Scholarship Dept.).

3. The final decision will be made by an outside committee in the education field. 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 high school and the name of the winning student.
4. 40 High School Fraternal Scholarship Awards given as follows:

**High School Freshmen - \$1,000 each      High School Juniors - \$1,000 each High School Sophomores - \$1,000 each      High School Seniors - \$1,000 each**

**Florence Hovanec Memorial Scholarship - \$1,250 each  
John & Geraldine Gaydos Scholarship - \$1,250 each**

5. Send completed application and address all communications to:

**FCSLA Life  
First Catholic Slovak Ladies Association  
ATTN: Scholarship Dept.  
24950 Chagrin Blvd.  
Beachwood, OH 44122  
E-mail: [Scholarship@fcsla.org](mailto:Scholarship@fcsla.org)  
Fax: (216) 464-9260**

To contact the Scholarship Department:  
**Phone: (216) 464-8015 Ext. 1054 or (800) 464-4642 Ext. 1054**

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### **FIRST CATHOLIC SLOVAK LADIES ASSOCIATION 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 that 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.



**2023 HIGH SCHOOL  
Fraternal Scholarship Application**

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

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 said Rules and Terms.

I will be attending as a (check one):  Freshman  Sophomore  Junior  Senior

**APPLICANT'S PERSONAL INFORMATION** (please print or type)

<b>Full Name:</b>			
<b>Home Address:</b>			
(street)	(city)	(state)	(zip)
<b>Social Security # (last 4 digits):</b>		<b>Email:</b>	
<b>Date of Birth:</b>		<b>Telephone:</b>	
<b>Father's Name:</b>		<b>Mother's Maiden Name:</b>	

Have you ever received an FCSLA Fraternal Scholarship Award? Check one  Y  N

If yes, enter: Year \_\_\_\_\_ Category \_\_\_\_\_ Amount \_\_\_\_\_

- Please check all that apply:
- (1.) Grade report is enclosed
  - (2.) Grade report will be mailed separately to FCSLA
  - (3.) Letter of acceptance is pending; It will be mailed to FCSLA upon receipt (First-year applicants only.)
  - (4.) My school will mail my grade report directly to FCSLA
  - (5.) My school will mail my letter of acceptance 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.

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

## REFERENCES

Names and addresses of Principal, counselors or advisors who have specific knowledge of applicant's academic qualifications:


**Applications and supporting documents must be POSTMARKED or electronically received no later than Tuesday, February 14, 2023.**

**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](mailto:Scholarship@fcsla.org)**  
**Fax: (216) 464-9260**

I understand that this award must be used towards tuition (parent or guardian, 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.

\_\_\_\_\_  
 Signature of parent or guardian  
*(Please Print & Sign)*

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Mailing address of parent or guardian

\_\_\_\_\_  
 E-mail address of parent or guardian

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### TO BE COMPLETED AT HOME OFFICE

Certificate No.	Date Issued	Amount	Plan

Date of Membership \_\_\_\_\_

Verified by \_\_\_\_\_



24950 Chagrin Blvd.  
Beachwood, Ohio 44122

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TO BE COMPLETED BY JUDGING COMMITTEE:

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

## 2023 HIGH SCHOOL 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\_\_\_\_\_

I will be attending as a (check one):    \_\_\_ Freshman    \_\_\_ Sophomore    \_\_\_ Junior    \_\_\_ Senior

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
High School			
Elementary			

### ESSAY REQUIREMENTS:

Submit a written essay of approximately 250 words on “**What This High School Scholarship Will Do For Me.**” Please describe any demonstrated leadership skills and how you were involved in school activities. Also, give details of your church or community service. Was it voluntary? Mandatory?