

**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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## **ELEMENTARY SCHOOL (Grades 5-6-7-8) 2025 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. 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 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.*
  - 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 & VTT; 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.**
2. Application Requirements:
  - a. Submit a copy of the **official** grade report of the most recent school year.
  - b. Submit a written essay of approximately 100 words on "**What I Like Best About My School**". Please indicate at the end of your essay any school activities and volunteer work in which you participated.
  - a. **Submit a letter of recommendation - not from a family member.**
  - c. 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.
  - d. **All applications and supporting documents must be POSTMARKED or electronically received no later than Tuesday, February 11, 2025.** 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](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 the 2<sup>nd</sup> week in May 2025.** Names of winners will be published in the August issue of "Fraternally Yours". The Award checks will be issued in the name of the elementary school and the name of the winning student.
4. 32 - Elementary School Fraternal Scholarship Awards will be given as follows:

**5<sup>th</sup> graders - \$750 each**  
**6<sup>th</sup> graders - \$750 each**

**7<sup>th</sup> graders - \$750 each**  
**8<sup>th</sup> graders - \$750 each**

5. Send completed application and address all communications to:

**FCSLA Life**  
**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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**FCSLA LIFE**  
**TERMS OF AWARD**

1. **The Award must be used for 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.



24950 Chagrin Blvd.  
Beachwood, Ohio 44122

**2025 ELEMENTARY SCHOOL  
(Grades 5-6-7-8)  
Fraternal Scholarship Application**

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 the said Rules and Terms.

I will be attending school in the fall in (circle one):    5<sup>th</sup> Grade                      6<sup>th</sup> Grade                      7<sup>th</sup> Grade                      8<sup>th</sup> Grade

**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?    (circle 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

**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.

## APPLICANT'S SCHOOL INFORMATION

	Name and Location of School	Dates of Attendance	Date of Graduation
<b>Elementary</b>			

With this Scholarship Application I have enclosed these requirements:

- \_\_\_\_\_ Official grade report
- \_\_\_\_\_ Essay
- \_\_\_\_\_ Letter of Recommendation
- \_\_\_\_\_ Photo (if desired)

**Applications and supporting documents must be POSTMARKED or electronically received no later than Tuesday, February 11, 2025.**

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 toward school-related expenses (e.g., tuition, books, fees, and course or degree-related costs (like supplied and equipment required for specific classes) for the academic year for which is was awarded. (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.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of parent or guardian

\_\_\_\_\_ Mailing address 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 \_\_\_\_\_

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



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## 2025 ELEMENTARY SCHOOL (Grades 5-6-7-8) Fraternal Scholarship Application

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 school in the fall in the (circle one):    5<sup>th</sup> Grade            6<sup>th</sup> Grade            7<sup>th</sup> Grade            8<sup>th</sup> Grade

Name of school selected \_\_\_\_\_

**TO BE COMPLETED BY JUDGING COMMITTEE:**

**JUDGING CRITERIA:**

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

**ESSAY REQUIREMENT:**

Submit a written essay of approximately 100 words on **“What I Like Best About My School”**. Please indicate at the end of your essay any school activities and volunteer work in which you participated.

**LETTER OF RECOMMENDATION: Required**