

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



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

HIGH SCHOOL 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 or call 1-800-464-4642 ext. 1054.*
 - c. **Select a private or Catholic accredited high school in the United States** and be in a program leading to a High School diploma.
 - 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 course or degree-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 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 service to your church, community or FCSLA. Was it voluntary? Mandatory?
 - b. **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 it electronically. Poor quality photos cannot be published.
 - d. **For High School Freshmen candidates:** Submit an **official** grade report of the most recent grading period. Previous school year's grades are also acceptable. Submit a copy of the acceptance letter from the high school named in this application.

- e. **For all other high school candidates:** Submit an **official** grade report of the applicant's high school record for the most recent grading period.
- f. **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; 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 2nd week in May 2025.** 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
Fax: (216) 464-9260

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

FIRST CATHOLIC SLOVAK LADIES ASSOCIATION
TERMS OF AWARD

1. **The award must be used for school-related expenses (e.g. tuition, books, fees, and course or degree-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.



**2025 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 the said Rules and Terms.

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

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:		Telephone:	
Father's Name:		Mother's Maiden Name:	

1. Have you ever received an FCSLA Fraternal Scholarship Award? (circle one) Y N

If yes, enter: Year _____ Category _____ Amount _____

2. Please check all that apply:
- _____ (1.) Grade report is enclosed
 - _____ (2.) I will mail my official transcripts 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 FSLA publication announcing this year's winners.

APPLICANT'S SCHOOL INFORMATION

	Name and Location of School	Dates of Attendance	Date of Graduation
High School			
Elementary			

With this Scholarship Application I have enclosed these requirements:

_____ Official Grade Report	_____ Letter of Recommendation
_____ Essay	_____ Photo (if desired)
_____ Letter of Acceptance (if Freshman)	

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
Fax: (216) 464-9260

I understand that this award must be used towards school-related expenses (e.g. tuition, books, fees, and course or degree-related costs (like supplies and equipment required for specific classes) for the academic year for which it 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 applicant

Signature of parent or guardian if under age 18

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 _____



24950 Chagrin Blvd.
Beachwood, Ohio 44122

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2025 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 (circle one): Freshman Sophomore Junior Senior

Name and address of school selected _____

Check here if you are currently undecided.

TO BE COMPLETED BY JUDGING COMMITTEE:

JUDGING CRITERIA:

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

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?

LETTER OF RECOMMENDATION: Required