FCSLA Iowa District #12

First Catholic Slovak Ladies Association

Scholarship Application

(Please type or print)

Name	Birthdate
Applicant Address	
	Member of Branch #
Number of younger siblings	Number of older siblings
Number of siblings that will be in colleg	ge next year
School presently attending	
If just finishing high school please add:	: Class Rank Class size
High school or college GPA	
List participation in school extracurricul	lar activities
List participation in other activities (chu	urch, community, etc)
Field of study you plan to enter in colle	ge
	is field?
Are you or have you been employed pa	art time?YesNo
	tement of your goals:

	is your parish attiliation?	to the First Catholic Slovak La	dies Association (FCSLA):
Name		to the First Catholic Slovak Ladies As: Relationship to you	branch number
/if mor	re add to bottom or back of fo		
(11 11101	e add to bottom or back or it	51111)	
	y that the following steps he I have applied to (Junior co	nave been completed: llege, college, trade school, Uni	versity)
2)	I have sent my most recent and sent a copy with this so	transcript to the above school(scholarship application.) on (date)
I have	answered all questions to	the best of my ability and cer	tify them as being correct.
	Applicant signature		Date
	Signature of parent if applic	ant is under 18 vears	 Date

Please send application with latest transcript no later than August 18, 2024

To: Michelle Gjerde, VP Iowa District #12, FCSLA
1705 NE Crestmoor PI
Ankeny, IA 50021
Or electronically to:
FCSLAlowaDistrict12VicePres@gmail.com