



SCS COLLEGE SCHOLARSHIP PROGRAM APPLICATION

With one application you may apply for all scholarship grants for which you are eligible.
Note that only one grant per applicant will be awarded.

Scholarship eligibility requirements:

- Slovak Catholic Sokol (a total of 30, \$1000 grants will be awarded)**
 - Must have completed one semester of undergraduate studies as a FULL TIME student at an accredited college, university or professional school, or be enrolled in a graduate or professional degree program.
 - Must have a minimum of \$3000 in permanent life insurance coverage with the SCS
 - Must have at least an accumulated grade point average of 2.5 or better
 - One parent must be a Slovak Catholic Sokol member
 - Essay- "How has being a member of the Slovak Catholic Sokol influenced my life?"
- Joseph and Mary Spernoga (1 grant in the amount of \$500 will be awarded)**
 - Same requirements as for SCS scholarship
- Theodore and Mary Jane Rich (one male and one female grant in the amount of \$2500 will be awarded)**
 - Same requirements as for SCS scholarship
AND
 - One parent must be of Slovak Ancestry
 - Must be majoring in medical curriculum
- Emil Slavik (one male and one female grant in the amount of \$2500 will be awarded)**
 - Same requirements as for SCS scholarship
AND
 - Both parents must be members of the Slovak Catholic Sokol
 - Must be majoring in liberal arts, the sciences, pre-law, pre-medical or business curriculum.
- The Doctors' Lesko Medical Memorial Scholarship (1 grant in the amount of \$1000 will be awarded)**
 - Same requirements as for SCS scholarship
AND
 - Majoring in Nursing or Medical curriculum
 - One parent must be of Slovak decent
- Slovak Catholic Sokol Memorial Scholarship (2 grants in the amount of \$500 will be awarded to the applicant that best exemplifies the spirit of volunteerism)**
 - Same requirements as for SCS scholarship
 - Essay- "Describe the one volunteer experience that made the biggest personal impact on you- how/why".

The following must accompany your **completed** application:

- A clear (color) wallet size 2x3 photo of applicant
- An essay of no more than 250 words as indicated in the scholarship eligibility requirements addressed above
- Official Transcript/Academic Record

Return completed application to:

Julie Ann Dobbs
Chairperson of the Museum/Supreme Vice-President
5314 Agatha Turn
Racine, WI 53402
(262)681-1720



All items must be received no later than **March 31, 2011**

Personal Statement

Upon signature of applicant the Slovak Catholic Sokol reserves the right to request a copy of Federal Form 1040 and/or other financial data to verify information submitted with this application. Failure to provide said information upon request, may be cause for disqualification.

This application is confidential and not in any sense inquisitorial. The information is essential to accelerate a fair and just consideration for the Slovak Catholic Sokol, Theodore and Mary Jane Rich, Emil Slavik and Joseph and Mary Spernoga and SCS Memorial Scholarship Grants. It is vitally important that all questions be answered. *Any question which is “not applicable” must be fully explained.*

Applicant’s Name _____ **Date of Birth** _____

Present Mailing Address _____ City _____ State _____ Zip Code _____

Area Code/Home Phone Number _____ Area Code/School or Cell # _____

Applicant e-mail address _____

Slovak Catholic Sokol Certificate(s):

_____ Amount _____ Plan _____ Issue Date _____

_____ Amount _____ Plan _____ Issue Date _____

Applicant Parent(s) Slovak Catholic Sokol Certificate(s):

_____ Amount _____ Plan _____ Issue Date _____

_____ Amount _____ Plan _____ Issue Date _____

Father’s Name _____ Occupation _____ Slovak Origin? _____

Mother’s Name _____ Occupation _____ Slovak Origin? _____

Combined Parents Annual Income \$ _____

Ages of all household dependents _____

Have you applied for a Government Student Loan? (Yes or No) _____

Are you employed during the school year? _____ If yes, est. annual earnings _____

Are you employed during school vacation? _____ If yes, est. annual earnings _____



Est. anticipated college expense for 2011-12:

Tuition/Fees/Books _____ *Room and Board* _____ *Other* _____

Are you a member of any scholastic fraternity or sorority? _____

Do you own and automobile? _____ Are you in good health? _____

Please list all extracurricular activities(add an additional sheet if more space is needed) _____

SCS Activities

- Please indicate specific year(s) of participation (ex. 2000, 2004...)
- Mark each year you list with an “L” for local, “G” for Group, or “I” for International

Driller _____	Slets _____
Clinic _____	Track & Field _____
Gymnastics _____	Softball _____
Bowling _____	Basketball _____
Volleyball _____	Golf _____
Sokol Days _____	Sokol Picnics _____
Sokol Youth Conferences _____	Join Hands Day efforts _____

Did/Do you hold or assist with any Sokol office? If so, please indicate office/years involved. _____

OTHER Activities: Be specific regarding years served and level of involvement. Add an additional sheet if more space is needed.

Religious _____
Community _____
Volunteer efforts _____

Other _____

If you are physically or mentally challenged please specify:



I, _____ residing at:

Street Address _____

City _____

State _____ Zip _____

hereby make application for one or more of the following scholarship grants- Slovak Catholic Sokol, Theodore and Mary Jane Rich, Emil Slavik, Joseph and Mary Spernoga, and/or SCS Memorial Scholarship Grant(s) to enable me to pursue my studies majoring in:

Class of 20_____ at _____ College/University located at _____

for the academic year September, 2011 to May, 2012.

Should this application be approved and granted, I fully understand that the check will be made payable to the college and applicant designated above to be applied to my tuition and fee costs.

Signature of Applicant

Date _____

VERIFICATION

We, the undersigned officer of the Slovak Catholic Sokol Assembly/Wreath No. _____ hereby verify that _____ is a member and has participated in the above listed Slovak Catholic Sokol activities.

Secretary

President

Physical Director/Directress
Or Sports Director

Dated _____

City

State

VERIFICATION MUST BE SIGNED BY ONE OF THE ABOVE OFFICERS.
Completed application must be **received** no later than **March 31, 2011**