

Slovak Catholic Sokol Scholarship 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, \$1,000 grants may 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 \$3,000 in permanent life insurance coverage with the SCS and have been a member for at least 5 years.
- 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?"

Krista L. Glugosh (1 grant in the amount of \$1,000 may be awarded)

- Same requirements as for SCS scholarship
- Must be majoring in curriculum with a focus on computer graphics, design or layout.

Theodore and Mary Jane Rich (one male and one female grant in the amount of \$2,000 may 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 \$2,000 may 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 \$1,000 may 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 (3 grants in the amount of \$1,000 may 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 Yencha Scholarship Grant (1 grant in the amount of \$1,000 may be awarded)

- Must have a \$3,000 Permanent Whole Life Plan
- A member of the organization for at least 5 years
- One parent must be a Slovak Catholic Sokol member
- Majoring in the liberal arts curriculum

The following must accompany your completed application:

- A 2x3 color photo of applicant in .JPEG format
- An essay of no more than 250 words as indicated in the scholarship eligibility requirements addressed above.
- **Official** Transcript/Academic Record (to be sent attention: Andrea Tadlock - 100 Fletcher Farm Road, Vermontville, NY 12989)

Submit completed application to:

Andrea Tadlock
Chairperson of the Museum/Supreme Vice-President

All items must be received NO LATER THAN MARCH 31, 2024

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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, Yenchu and Krista L. Glugosh 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 _____
(_____) _____ - _____ (_____) _____ - _____
Home Phone Number _____ School or Cell Phone # _____

Applicant E-mail Address _____

Slovak Catholic Sokol Life Insurance/ Annuity Certificates:

# _____	\$ _____	_____	_____/_____/_____
Certificate #	Face Amount	Plan	Issue Date
# _____	\$ _____	_____	_____/_____/_____
Certificate #	Face Amount	Plan	Issue Date

Applicant Parent(s) Slovak Catholic Sokol Life Insurance/Annuity Certificate(s):

# _____	\$ _____	_____	_____/_____/_____
Certificate #	Face Amount	Plan	Issue Date
# _____	\$ _____	_____	_____/_____/_____
Certificate #	Face Amount	Plan	Issue Date

Father's Name _____ Occupation _____ Slovak Origin

Mother's Name _____ Occupation _____ Slovak Origin

Combined Parents Gross 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? Yes, Estimated Annual Earnings \$ _____ or No

Are you employed during school vacation? Yes, Estimated Annual Earnings \$ _____ or No

Estimated anticipated college expense for 2024 -2025:

Tuition/Fees/Books \$ _____ Room and Board \$ _____ Other _____
\$ _____

Are you a member of any scholastic fraternity or sorority? Yes _____ or No

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Do you own an automobile? Yes or No,

Are you in good health? Yes or No

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

SCS Activities:

- Please indicate specific year(s) of participation (ex. 2008, 2010...)
- 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? Yes or No. 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: _____

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I, _____ hereby make application for one or more of the following scholarship grants- Slovak Catholic Sokol, Theodore and Mary Jane Rich, Emil Slavik, Ann L. Gnugosn, 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, 2024 to May, 2025.

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 ____ / ____ / ____

Due Date March 31, 2024

PLEASE PRINT APPLICATION OUT

1. Verify that document is complete and accurate.
2. Attach both your Picture and Essay. Please use your full name as the file name for both the picture (.JPEG) Essay document.

MAILING INSTRUCTIONS:

Mail to: Andrea Tadlock
Supreme Vice President
100 Fletcher Farm Road
Vermontville, NY 12989
vp@slovakcatholicsokol.org