

# SLOVAK CATHOLIC SOKOL GRADE SCHOOL GRANT APPLICATION

Group #

Assembly/Wreath #

Name

Address

City

State

Zip Code

Date of Birth

Current Age

Home Phone

School Phone

S.C.S. Insurance Certificate #

Face Amount

S.C.S. Insurance Certificate #

Face Amount

S.C.S. Insurance Certificate #

Face Amount

Father's Name

Are you a member?  (Check if Y)

Mother's Name

Are you a member?  (Check if Y)

Parent's S.C.S. Insurance Certificate #

Face Amount

Parent's S.C.S. Insurance Certificate #

Face Amount

Are you a previous Slovak Catholic Sokol Scholarship Recipient?  (Check if Y)

If yes, what year?

## SCHOOL VERIFICATION (to be completed by Grade School Principal)

I,   
(Principal's Signature)

Principal of   
(Name of School)

Catholic Grade School, verify that  is a student at the  
(Name of Student)

above school and will be attending  Grade in the **2024-2025** school year.

Are you currently participating in Slovak Catholic Sokol Activities?  (Check if Y)

**\*\*\* NOTE \*\*\***

**Deadline for Receipt of this Application is March 31, 2024. Return Completed Application to:**

**Slovak Catholic Sokol, Grade School Grant  
205 Madison St. P.O. Box 899, Passaic NJ 07055**