

**SLOVAK CATHOLIC SOKOL
ABBOT JEROME M. KOVAL, O.S.B. MEMORIAL
HIGH 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 High School Principal)

I,

(Principal's Signature)

Principal of

(Name of School)

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