

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 #	<input type="text"/>	Face Amount	<input type="text"/>
S.C.S. Insurance Certificate #	<input type="text"/>	Face Amount	<input type="text"/>
S.C.S. Insurance Certificate #	<input type="text"/>	Face Amount	<input type="text"/>

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 #	<input type="text"/>	Face Amount	<input type="text"/>
Parent's S.C.S. Insurance Certificate #	<input type="text"/>	Face Amount	<input type="text"/>

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 of

(Principal's Signature) (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 2017-2018 school year.

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

Deadline for receipt of this application is March 31, 2018. Return completed application to:

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