

# 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

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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?

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## 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 2020-2021 school year.

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

*Deadline for receipt of this application is March 31, 2020. Return completed application to:*

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