

# 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 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 2018-2019 school year.

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

*Deadline for receipt of this application is March 31, 2019. Return completed application to:*

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