

**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

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S.C.S. Insurance Certificate #  Face Amount

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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

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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 High School Principal)

I,  Principal of

(Principal's Signature) (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 **2018-2019** 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, 2019. Return completed application to:*

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