



Ladies Pennsylvania Slovak Catholic Union
EDUCATIONAL BENEFIT APPLICATION

CATHOLIC HIGH SCHOOL AWARD

Name _____

Address _____

City _____ State _____ Zip _____ - _____

Telephone (____) _____ Cell (____) _____ E-mail _____

Attending/Will Attend _____

(Name of Catholic High School)

Address _____

City _____ State _____ Zip _____

Class attending during Award Year: (circle one) Freshman Sophomore Junior Senior

I hereby certify that statements made herein are complete and correct to the best of my knowledge and belief. I have complied with the Application Guidelines for LPSCU Educational Benefit as set forth on the reverse side of this application. ***Also, I will return any funds awarded to me if I decide not to attend or if I drop out of the Catholic High School I have submitted herewith.***

Signature of Applicant

Date

Signature and address of parent or guardian

For Home Office Use Only

Branch #	LPSCU Cert. #	Amount \$	Plan	Issue Date

Signature of National Secretary-Treasurer

Dated

Application Guidelines- LPSCU Educational Benefit

Catholic High School Award

Applicants must meet all criteria and provide data indicated to be eligible. Incomplete applications or data requirements will not be considered. All materials become the property of LPSCU and will not be returned.

Catholic High School Award -- \$300 One-Time Award

- Member of LPSCU for two (2) years with \$2,000 permanent reserve life insurance certificate (excludes term insurance).
- Must be Catholic High School freshman, sophomore, junior or senior in the fall of Award year
- Provide wallet size color photo.
- Application must be postmarked by June 30