

Ladies Pennsylvania Slovak Catholic Union EDUCATIONAL BENEFIT APPLICATION

POST GRADUATE AWARD

Name					
Address					
City	s	State		Zip	
Telephone ()	Cell ()	E-mail		
Graduated F	rom:				
Address	(Nam	e of College)	(D	ate of Graduation)	
City		State	Zip		
Degree In: _					
	Signature of Applica	Date			
		For Home Office Use Or	nly		
Branch #	LPSCU Cert. #	Amount \$	Plan	Issue Date	
Signature of National Secretary-Treasurer			Dated		

Application Guidelines - LPSCU Educational Benefit

POST GRADUATE 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.

Post Graduate Award -- \$500 One-Time Award (\$5,000 of insurance)

- Member of LPSCU for five (5) years with a \$5,000 permanent reserve life insurance certificate (excludes term insurance).
- Provide photocopy of Master and/or Doctorate Degree received.
- Degree must be earned within 1 year of the application deadline.
- Provide wallet size color photo.
- Application must be postmarked by September 30 following award year.