Ladies Pennsylvania Slovak Catholic Union

EDUCATIONAL BENEFIT APPLICATION

BISHOP ANDREW G. GRUTKA MEMORIAL SCHOLARSHIP AWARD

Name_____ Age _____

Address_____

City _____ State _____ Zip _____ -_____

Telephone (_____) _____ Cell (___)_____E-mail _____

Attending/Will Attend_____
(Name of College)

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 College I have submitted herewith.***

_____ _____
Signature of Applicant Date

For Home Office Use Only

Branch #	LPSCU Cert. #	Amount $	Plan	Issue Date

_____ _____
Signature of National Secretary-Treasurer Dated

Revisions approved September 2025