Ladies Pennsylvania Slovak Catholic Union

EDUCATIONAL BENEFIT APPLICATION

COLLEGE AWARD

Name _____

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

High School Seniors Only:

GPA _____ SAT _____ ACT _____ Rank _____

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 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

(IF UNDER 18 YEARS OF AGE, SIGNATURE AND ADDRESS OF PARENT OR GUARDIAN REQUIRED BELOW)

_____

For Home Office Use Only

Branch #	LPSCU Cert. #	Amount $	Plan	Issue Date

_____ _____
Signature of National Secretary-Treasurer Dated

Revisions approved September 2025