



Czechoslovak Society of America

Scholarship Program

Recipient Information Form
Due: August 3rd



(Upon receiving a letter from the Czechoslovak Society of America that you have been awarded a scholarship, please send this form.)

Application # _____ (please leave blank)

Name _____ For the school semester beginning (month/year) _____

Home Address _____

City _____ State _____ Zip _____

Resident Street Address at School (if applicable) _____

City _____ State _____ Zip _____

Student's Home Phone _____ Cell phone _____

Email address _____

Parent/Guardian's Full Name _____ Parent/Guardian's Daytime Phone _____

Soc. Sec. # _____ Student ID # (if other than Soc. Sec. #) _____

Scholarship Award Amount \$ _____

SCHOLARSHIP CHECKS to be sent to:

Name of School (no abbreviations) _____

Attn: _____

Address: _____

City _____ State _____ Zip _____

student signature

date

parent/guardian signature

date

Note: If any of the above information changes, you must notify the Fraternal Department. This form must be received in the Home Office before scholarship funds can be distributed. Send to: Czechoslovak Society of America, 2050 Finley Rd., Ste. 70, Lombard, IL 60148 or email to alovell@csalife.com by Aug 3rd. If you have questions, call the Fraternal Dept. at 1-800-543-3272.