



## Scholarship Program Information and Introduction



Dear CSA Scholarship Applicant:

Thank you for your interest in CSA's Scholarship Program. This series of forms and instructions contain all of the information you will need to apply for a scholarship. Please take the time to read the **Rules, Regulations, and Deadlines**. Important information regarding timelines, required documentation, and reporting is included in this document.

- Complete our application in full and send it via mail or email.
- Essays should be typed or written legibly in ink. (Remember, your application will be reviewed by a committee; please make sure all information is legible and neatly presented.)
- Arrange for transcripts to be sent to CSA Fraternal Life. Official transcripts may be sent separately, however both the application and the transcripts must be received by **March 15th, 2025**.
- **IMPORTANT: Include a high-resolution photograph of yourself that we can reproduce in our monthly *Journal*, should you be awarded a scholarship.**

If you are granted a scholarship award, then you must return the **Recipient Information Form** which will give us the name and address of the school you will be attending. This address is where we will be sending your scholarship award. Deadline is **July 2nd, 2025**.

**The CSA Scholarship has become a one-time offer, as of 2017.**

Any questions you have can be answered by calling the CSA Fraternal Department at 1-800-LIFE-CSA (543-3272). All application documents may be emailed to Kelly at [kdeegan@csalife.com](mailto:kdeegan@csalife.com); faxed to 630-472-1100; or mailed to 2050 Finley Road Suite 70, Lombard, IL 60148.

Fraternally,

Kelly Deegan  
Fraternal Programs Manager  
[kdeegan@csalife.com](mailto:kdeegan@csalife.com)



## Scholarship Program

### *Rules, Regulations, and Deadlines Undergraduate Studies*



Please read all rules and instructions carefully. If you have any questions, you can contact the Fraternal Department. Incomplete applications cannot be considered. You must type or write legibly in ink. Incomplete applications will not be accepted.

**GENERAL:** Payments will be made only to the school. If your tuition is due before our grants are sent, please make arrangements for your school to give you a refund or credit when our grant arrives, should you have to pay what your grant will later cover. Scholarship recipients must repay a CSA grant if the year for which award was granted is not completed. If you withdraw from school during the term, you must notify CSA and you will be expected to repay the unused portion. Scholarship grants are available for students pursuing an undergraduate degree at an accredited junior college, college, or university on a full-time basis (Full time is defined as a minimum 12 credit hours per semester for at least two semesters per academic year.) Students planning on attending a technical/vocation school full time are also eligible for an award.

#### **QUALIFICATIONS:**

- Applicant must be a member in good standing of CSA Fraternal Life for a minimum of two (2) continuous years at the time of application. Premiums paid in advance will not be considered in determining duration of membership.
- Applicant must have at least \$5,000 face value in permanent life insurance or \$1,000 cash value in an annuity.
- Only applicants with a cumulative 3.0 or higher GPA (based on a 4.0 scale) upon graduation from high school may apply. Students already attending college must submit college transcripts which indicate a 3.0 GPA (based on a 4.0 scale). Students applying for a scholarship who have not yet completed a full year of undergraduate studies must submit their high school transcripts indicating a 3.0 or better GPA. ACT or SAT score sheets must be included in your application.
- A grant recipient must remain a CSA member in good standing throughout the period covered by the award. If membership should cease during the academic period covered by the grant, the Society will expect reimbursement of the award.
- Determining factors in qualification include: grade point average (25 points), college test scores (30 points), extracurricular activities including CSA activities (15 points), and essay (30 points). Essays will be evaluated by an independent party. Total points will determine the monetary amount of each award.



## Scholarship Program

*Rules, Regulations, and Deadlines  
Undergraduate Studies*



### **APPLICANT SUBMISSION REQUIREMENTS:**

- Completed application sent by **March 15th, 2025**.
- Typed or legibly written essay.
- Head-and-shoulder photo for publication in *the Journal*. (Please DO NOT staple photo to your application.)
- Transcripts sent to CSA that include a complete record of grade point average, results ACT or SAT scores, and class rank from your high school through seven (7) semesters.
- Completed **Recipient Information Form**, if you are granted a scholarship, should be returned to the Fraternal Department by **July 2nd, 2025**. Checks will be mailed to your college or university of choice only after the **Recipient Information Form** (included in this application packet) is received from applicant.

### **DEADLINES:**

March 15th — **Application Form** and official transcripts for applicants

July 2nd — **Recipient Information Form** for applicants

Awards will be announced through the mail and published in *the Journal*. Completed application and/or forms should be returned to:

CSA Fraternal Life  
Attn: Fraternal Dept.  
2050 Finley Rd., Ste. 70  
Lombard, IL 60148

OR

[kdeegan@csalife.com](mailto:kdeegan@csalife.com)  
Phone: 1-800-543-3272  
FAX: 630-472-1100



# Scholarship Program



*Application Form  
Due: March 15th*

Application # \_\_\_\_\_  
*(please leave blank)*

Name \_\_\_\_\_

Month & Year of (expected) Graduation \_\_\_\_\_

Policy Certificate # \_\_\_\_\_ Effective date \_\_\_\_\_

Type of coverage \_\_\_\_\_ Policy face value \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Member of Lodge \_\_\_\_\_ No. \_\_\_\_\_

Student's Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Parent/Guardian Daytime Phone \_\_\_\_\_

High School Attended \_\_\_\_\_

High School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ / \_\_\_\_\_ on a weighted  or unweighted  point scale (please check the appropriate box)

College entrance exam composite scores: ACT \_\_\_\_\_ SAT \_\_\_\_\_

***Be sure to submit an official High School transcript verifying class rank, class size, GPA, and test scores.***



# Scholarship Program

*Application Form*  
*Due: March 15th*



Name of college or university you plan to attend: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Intended major & profession: \_\_\_\_\_

List participation in community/civic organizations, extra-curricular school activities, and CSA activities  
(use additional sheets if necessary to include offices held and specific activities).

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I hereby certify that this and all other information provided in this application is true and correct.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
date

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
date



**CSA Fraternal Life**  
*In New York Czechoslovak Society of America*

## Scholarship Program

*Application Form*  
*Due: March 15th*



Write an essay of 400–500 words on a subject that interests you. For example, write about an experience or person who has influenced you, your viewpoint on an issue on which you feel strongly, an explanation of why you have chosen your field of study, etc. (Use a separate sheet or attach additional sheets if necessary.)

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**Please include in your application a head-and-shoulder photo for publication in *the Journal*.  
(Please DO NOT staple the photo.)**



# Scholarship Program

**Recipient Information Form**  
**Due: July 2nd**



(Upon receiving a letter from CSA Fraternal Life 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 by CSA before scholarship funds can be distributed. Send to: CSA Fraternal Dept., 2050 Finley Rd., Ste. 70, Lombard, IL 60148 or email to [kdeegan@csalife.com](mailto:kdeegan@csalife.com) by July 2nd. If you have questions, call the Fraternal Dept. at 1-800-543-3272.**