

SCHOLARSHIP GUIDELINES

FIVE (5) \$300.00 SCHOLARSHIPS

1. Applicant must parent of guardian registered in a Catholic parish in Linn County.
2. Applicant must be a current high school senior in Linn County or an undergraduate student in Iowa.
3. **APPLICANTS ARE STRONGLY ENCOURAGED TO SUBMIT TYPED APPLICATION!**
4. Applicant must apply and be admitted to a full time accredited ^{community} junior College, College ~~or~~ or University ~~of~~ ⁱⁿ Iowa.
5. Scholarships are awarded for one academic year. Student may apply for another year upon submission of a new application as long as they meet guideline number two.
6. Applicants **MUST** submit high school or College transcripts to the selection committee.
7. Applicant must be a citizen of the United States.
8. The Scholarship money will be awarded directly to the student upon receiving their class schedule for the semester. This schedule must be received by **JANUARY 15TH**.
9. Applications are available at the school Counselors office or email Mark Seber at markseber@mac.com.
10. Applications must be received or postmarked by **MAY 1 ST**.
11. Mail to: FCSLLife
Mark S. Seber, 3610 Johnson Avenue NW #7, Cedar Rapids, IA 52405



CADETS OF ST. GEORGE BR. W45 FCSLA
CEDAR RAPIDS, IOWA
A FRATERNAL LIFE INSURANCE SOCIETY



**CADETE OF S(T. GEORGE BRANCH W045
SCHOLARSHIP APPLICATION
2022 – 2023 SCHOOL YEAR**

DATE
SUBMITTED _____

YOUR NAME _____

MAIL ADDRESS _____

_____ (Home number & street address) _____

MAIL ADDRESS _____

FATHER, STEPFATHER OR GUARDIA, _____

MOTHER, STEPMOTHER OR GUARDIAN _____

NUMBER OF BROTHERS AND SISTERS _____ OLDER YOUNGER

SCHOOL PRESENTLY ATTENDING _____

HIGH SCHOOL OR COLLEGE GRADE POINT AVERAGE _____

FIELD OF STUDY YOU PLAN TO ENTER IN COLLEGE _____ \

LIST PARTICIPATION IN OTHER ACTIVITIES (Church, scouts, 4-H, etc.) _____

HONORS RECEIVED _____

FACTORS INFLUENCING YOUR DECISION TO ENTER THIS FIELD _____

HAVE YOU EVER BEEN EMPLOYED PARTTIME PLEASE EXPLAIN _____

I VERIFY THAT THE FOLLING STEPS HAVE BEEN COMPLETED

1. I HAVE APPLIED TO _____
(NAME OF COMMJNITY COLLEGE,, COLEGE OR UNIVERSITY OF IOWA in
2. I HAVE SENT MOST RECENT TRANSCRIPTS TO TO THE ABOVE SCHOOL(S) AND
f e e AM SENDLNG YOU A CURENT COPY OF MY HIGH SCHOOL OR COLLAGE
TRANSNCRIPTS WITH THIS APPLICATION.
3. I HAVE TAKEN THE ACT OR SAT TO TH ABOVE COLLEGE(S).

PLEASE PROVIDE A BRIEF STATEMENT OF YOUR GOALS (IN 50 WORDS OR LESS)

YOUR PARISH AFFILIATION _____

LIST ANY OF YOUR FAMILY MEMBERS WHO BELONG TO THE FCSLA. THEIR
RELATIONSHIP TO YOU AND THE8R BRANCH NUMBER _____

THE ABOVE QUESTIONS HAVE BEEN ANSWERD TO THE BEST OF MY ABILITY AND
CERTIFY THEM AS BEING CORRECT.

SIGNATURE OF APPLICANT	SIGNATURE OF PARENT OR GUARDIAN

DATE

PLEASE RETURN COMPLFTED APPLICATION NO LATER THAN MAY 1, 2023 TO:

MARK S. SEBER
3610 JOHNSON AVENUE NW APT.7
CEDAR RAPIDS, IA 52405-4464