

INTERNATIONAL CHRISTIAN MINISTRIES
&
SERB NATIONAL FEDERATION (SNF)

Krajina Scholarship Application – SPRING 2024

Membership in the Serb National Federation (SNF) NOT REQUIRED

Please complete all sections of the application.

The deadline for submission is THURSDAY, FEBRUARY 29th, 2024

SECTION 1 – PERSONAL INFORMATION

Name:	Date of Birth:
Date of High School Graduation:	Last Four of SSN# XXX-XX- _____
Home Address: Street: _____ City, State, Zip: _____	Are you are a member of the Serb National Federation (SNF)? If yes, please answer the following questions: SNF Data - Lodge #: _____ Certificate #: _____ Date You Joined the SNF: _____
Home Phone:	Alternate Phone:
E-mail address:	

SECTION 2 – ACADEMICS

A. List the Courses taken during your Senior Year:

First Semester	Second Semester	

B. List and briefly describe extracurricular activities in which you have been involved:

Organization	Activity	Date of Involvement

C. List honors or academic awards you have received (e.g. scholarly activities, research, etc.):

Award/Honor	Institution/Organization	Date

D. If you participated in the SNF activities, please provide us a list:

	Date

SECTION 3 – COLLEGE INFORMATION

Name and Address of College: _____

Anticipated College Major(s): _____

Date Entered College: _____

College GPA: _____ Please include Transcript
For Freshmen: High School Transcript reflecting GPA

SECTION 4 – FAMILY ANCESTRY KRAJINA INFORMATION

Name of Parent(s), who are Refugee(s) or Descendent(s) of the Krajina Region in the Republic of Croatia and approximate date of leaving the Krajina Region: _____

Please attach proof of your Krajina Ancestry _____

SECTION 5 – ESSAY – *Double-spaced, Times New Roman 12 pt. Font ONLY, 1" margins, 1 page minimum – 2 page maximum – NO MORE THAN 500 WORDS:*

- How has your Krajina heritage influenced who you are?
- How do you plan to give back to the Krajina region?
- What does it mean to be Serbian?
- Why I wish to be a member of the SNF or maintain my SNF membership into the future?

Application Checklist:

Please submit the following to be considered for the Krajina Scholarship:

- ___ 1. Completed and signed application form
- ___ 2. A College Transcript, if available. If not, High School Transcript
- ___ 3. Proof of Registration for SPRING 2024
- ___ 4. Proof of Krajina Ancestry
- ___ 5. A recent passport-sized or wallet-sized photograph

___ 6. Attach Essay

This application must be postmarked by THURSDAY, FEBRUARY 29th, 2024. Faxed or e-mailed documents will be accepted.

FAX NUMBER: 412-875-5924 OR E-MAIL: SNF@SNFLIFE.ORG

***Return applications to:* SERB NATIONAL FEDERATION
920 POPLAR STEET
PITTSBURGH, PA 15220**

Please direct any questions to **SNF Home Office 412-458-5227**.

I hereby affirm that the above-stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be used for any purpose deemed necessary to promote the Krajina Scholarship.

Signature _____ Date _____

SCHOLARSHIP DEADLINE: THURSDAY, FEBRUARY 29TH, 2024 NO EXCEPTIONS!