



## 2024 Named/Memorial Scholarship Application

**CURRENT COLLEGE STUDENTS ONLY**

**The deadline for submission is 4:00 PM EST WEDNESDAY, JUNE 12, 2024**

### **SECTION 1 – PERSONAL INFORMATION**

Name:	Date of Birth:
Last Four of SSN# XXX-XX- _____	E-mail address:
Home Address: Street: _____ City, State, Zip: _____	SNF Data - Lodge #: _____ Certificate #: _____ Date You Joined the SNF: _____
Home Phone:	Alternate Phone:
Check One: <input type="checkbox"/> New Applicant <input type="checkbox"/> Renewal Applicant	

**Please indicate scholarship(s) you are applying for:**

+Gustav and Milana Bizic (1) \$1,000 Award	<input type="checkbox"/>
Ann Davis Memorial (2) \$1,000 Awards	<input type="checkbox"/>
John Radovick Memorial (1) \$1,000 Award	<input type="checkbox"/>
Ann B. Maigetter (3) \$1,000 Awards	<input type="checkbox"/>
Sally Davis Memorial (1) \$1,000 Award	<input type="checkbox"/>
Mary Klaric Scholarship (1) \$1,000 Award	<input type="checkbox"/>

Name and Address of College/Technical School:

\_\_\_\_\_

Date Entered College: \_\_\_\_\_

GPA (*if applicable*): \_\_\_\_\_

## **SECTION 2 – SNF ACTIVITIES**

List SNF activities in which you have participated:

Activity	Date

## **SECTION 3 – FAMILY INFORMATION** (*ONE PARENT/GUARDIAN MUST BE AN SNF MEMBER PRIOR TO JUNE 1, 2024*)

Name of Parent(s) and or Guardian(s): \_\_\_\_\_

Lodge(s) # \_\_\_\_\_

Name of Immediate Family Member(s) who are SNF Members:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **SECTION 4 – ESSAY** *Must be double-spaced, Times New Roman 12 pt. Font ONLY, 1" margins, 1 page minimum - 2 page maximum*

Topic: *Why I will maintain my SNF membership into the future?*

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## Application Checklist:

*Please submit the following to be considered for the SNF Scholarship:*

- \_\_\_ 1. *Completed and signed application form*
- \_\_\_ 2. *An official High School Transcript including SAT and/or ACT Scores if available*
- \_\_\_ 3. *A College Transcript including Proof of Registration for Fall 2024*
- \_\_\_ 4. *A recent passport-sized or wallet-sized photograph*
- \_\_\_ 5. *Attach Essay*
- \_\_\_ 6. *Attach Resume. Must include all academic, extracurricular, church and community activities you have participated in.*
- \_\_\_ 7. *Attach Two (2) letters of recommendation. One letter must be from your parish priest.*

**SCHOLARSHIP DEADLINE: 4:00 PM EST WEDNESDAY, JUNE 12, 2024 NO EXCEPTIONS!**

**Return applications to:** Serb National Federation  
920 Poplar St.  
Pittsburgh, PA 15220  
Fax: 412-875-5924  
Email: [snf@snflife.org](mailto:snf@snflife.org)

*Faxed and e-mailed documents ARE acceptable.*

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 SNF Scholarship.

Signature\_\_\_\_\_Date\_\_\_\_\_