

## MARKO AND MILICA CHELAR MEMORIAL SCHOLARSHIPS

## **APPLICATION REQUIREMENTS**

### One (1) \$20,000 Graduate School Scholarships Awarded Annually

Three (3) \$10,000 Undergraduate Scholarships Awarded Annually

### **Criteria for Scholarship Eligibility**:

- 1. Must demonstrate connection to Serbian heritage
  - a. This can include, but is not limited to, family background, cultural activity participation, or involvement in the Serbian community
- 2. Must demonstrate leadership, community service, and personal character
- 3. Enrolled in, enrolling in, or accepted to an accredited institution of higher learning
- 4. Must be under age 30 at the time of application
- 5. Must maintain a minimum GPA of 3.0 on a 4.0 scale
- 6. Must submit all required application materials outlined

### To Apply for a Scholarship:

- 1. Complete the Marko and Milica Chelar Memorial Scholarship Application.
- 2. Submit a high school and college transcript.
- 3. Submit SAT and/or ACT scores if available.
- 4. Submit proof of college registration.
- 5. Include a passport-sized or wallet-sized photo.
- 6. Include a letter of intent outlining academic progress, personal development, and community contributions.

Submit Application and all required documents to:

Serb National Federation 920 Poplar St. Pittsburgh, PA 15220 snf@snflife.org

### **APPLICATION DEADLINE IS FRIDAY, JULY 18, 2025**

(Documents must be postmarked or electronically time-stamped by 4:00 pm – 7/18/2025)



# MARKO AND MILICA CHELAR MEMORIAL SCHOLARSHIP APPLICATION

#### **PART I: PERSONAL HISTORY**

NAME:

Last Name	First Name	Middle Name
PERMANENT HOME ADDRESS:		
Street Address		
City	State	Zip
DATE OF BIRTH: Month/Day/Year	I AM A US CITIZEI	N: YES NO
EMAIL:	PHONE:	



#### PART II: PAST ACADEMIC ACHIEVEMENT

HIGH SCHOOL DATA:

Name of School

City/State

YEAR of GRADUATION \_\_\_\_\_ GRADE POINT AVERAGE \_\_\_\_\_

ACADEMIC AWARDS, HONORS, or OPPORTUNITIES

EXTRACURRICULAR ACTIVITIES or GROUP AFFILIATIONS

COMMUNITY ACTIVITIES or SERVICE

#### PART III: FUTURE ACADEMIC PLANS

EDUCATION INSTITUTION:

Name of College or University

MAJOR COURSE of STUDY \_\_\_\_\_

MINOR COURSE of STUDY \_\_\_\_\_

OTHER FINANCIAL ASSISTANCE

WORK/STUDY \_\_\_\_No \_\_\_Yes EMPLOYMENT \_\_\_full-time \_\_\_part-time

City/State

APPLICANT STATES THE FOREGOING TO BE TRUE STATEMENTS:

Applicant Signature

Date