



2025 Named/Memorial Scholarship Application

CURRENT COLLEGE STUDENTS ONLY

The deadline for submission is 4:00 PM EST FRIDAY, JULY 18, 2025

SECTION 1 – PERSONAL INFORMATION

Name:	Date of Birth:
Last Four of SSN: XXX-XX-_____	E-mail address:
Home Address:	SNF Data - Lodge #: _____
Street: _____	Certificate #: _____
City, State, Zip: _____	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 of 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, 2025)

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 in the future.*

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 2025*
- ___ 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 FRIDAY, JULY 18, 2025 - NO EXCEPTIONS!

Return applications to: Serb National Federation
920 Poplar St.
Pittsburgh, PA 15220
Fax: 412-875-5924
Email: 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 _____