



2025 SNF Scholarship Application

HIGH SCHOOL SENIORS ONLY

Please complete all sections of the application.

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:

Name and Address of High School:

Date of High School Graduation: _____

Anticipated College Major(s): _____

Name and Address of College/Technical School:

Date Entering College: _____

GPA (if applicable): _____

SECTION 2 – ACADEMICS

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

Organization	Activity	Date

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

Award/Honor	Institution/Organization	Date

C. 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: *What does it mean to be Serbian?*

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

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 _____