



Slovenian Union of America

Preserving Slovenian Heritage Since 1926

Educational Grant Application Due date: July 1 of each year

Download the application, save, type the information on the form and save again.

APPLICANT INFORMATION

| | | |
|------------------------------|--|--------------------------------|
| Last Name | First Name | M.I. |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Street Address | City and State | Zip Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Home Telephone | Cell Phone | Email Address |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date of Birth (mm/dd/yyyy) | I am a U.S. Citizen or Permanent Resident (Yes/No) | SUA Branch Number and Location |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other Slovenian Affiliations | | |
| <input type="text"/> | | |

ENROLLMENT STATUS

Respond to the appropriate column — either Freshman or Current Student

NEWLY ENROLLING FRESHMAN

| |
|---|
| Date of high school graduation? |
| <input type="text"/> |
| What program will you enroll in? |
| <input type="text"/> |
| Date accepted into this program? |
| <input type="text"/> |
| Expected date of completion? |
| <input type="text"/> |
| Name of institution, address, and website |
| <input type="text"/> |

CURRENTLY ENROLLED STUDENT

| |
|---|
| What program are you enrolled in? |
| <input type="text"/> |
| Who is your academic advisor? |
| <input type="text"/> |
| What was your favorite class so far? |
| <input type="text"/> |
| Expected date of completion? |
| <input type="text"/> |
| Name of institution, address, and website |
| <input type="text"/> |



Educational Grant Application *continued*

DEPENDENT & REFERENCE INFORMATION

If you are a dependent, list name, address, and telephone of parent(s)/guardian(s)

Letter of Reference

A letter from a teacher, professor, counselor, academic advisor, or someone who can attest to your educational goals. List name, address, phone number, and email. Include the letter with the application.

ESSAY QUESTIONS

Please use additional paper. Put your first and last name on the top of each page.

1. Describe your volunteer service to your school/college, community, and SUA. (Max 250 words)
2. Describe your career goals, goals for your future, and future participation in SUA. (Max 250 words)
3. Describe a significant experience and why it had a positive impact on your goals. (Max 250 words)

What academic scholarships and/or awards did you receive in High School or College?

This SUA Grant is for educational expenses other than tuition. How will you use this monetary award?

SIGNATURE

Signature

Date

Applications are due July 1 of each year.

Applications not received by the due date or incomplete will not be reviewed.
Email or send the application form, reference letter, and additional essay pages.

Send to:

Educational Grant
Slovenian Union of America
431 N Chicago Street
Joliet, IL 60432-1703

Email to:

suagrants@slovenianunion.org

Educational Grant Release

I give the Slovenian Union of America my permission to release my name, as a grant recipient, to the media. Information may also include hometown, Branch number, educational institution, location, and program of study.

- I give SUA my permission I do not give my consent

Signature

Date