

## SCHOLARSHIP ANNOUNCEMENT

Sokol Greater Cleveland Scholarship sponsored by American Sokol Inc.

The American Sokol, Inc. is pleased to support the availability of two \$500.00 scholarships to one male and to one female annually to attend a four- year undergraduate college, community or technical school, or to a student who is currently in full-time attendance at a college. This scholarship fund is for the average or above average student candidate.

DEADLINE: JULY 1

For more Information contact:

ASI PRESIDENT  
c/o Sokol Greater Cleveland

### PROCEDURE

1. Application form prior to July 1  
Include essay – “What Sokol means to me and what one can contribute to Sokol”.
2. High school transcript – submission/college with application  
\*\* Acceptances must be to a college, trade school, or similar educational institution.
3. Committee Review of Applications. There is a five-member committee: ASI president or vice president, Board of Instructors, Men’s and Women’s directors or (someone appointed in their place), ASI will appoint two people randomly.

### SELECTION CRITERIA

Primary	Secondary Point Value
2.5 GPA/College	2
Prep High School Classes	
Acceptance to College	2
Community Service	2
A.S.O. Membership/Sokol	2
Interest in gymnastics	1
Active in extracurricular activities	1
Letter of recommendation	3
Teacher/Counselor/Principal	2
Other +1	
Essay	2
TOTAL POINTS POSSIBLE	15

Grants are issued on a one-time basis.

The scholarship grant will be issued to the student.

A personal interview may be conducted before the committee members at the time of selection.

SOKOL GREATER CLEVELAND SCHOLARSHIP FUND APPLICATION SPONSORED BY A S I

Answer all questions and use extra paper if necessary. This application will be kept strictly confidential by the evaluators.

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Name of Applicant \_\_\_\_\_ Telephone Number (    ) \_\_\_\_ - \_\_\_\_

Address of Applicant

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Number and Street	City	County	State	Zip Code
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Name of Parent or Guardian \_\_\_\_\_ Telephone Number (    ) \_\_\_\_ - \_\_\_\_

Father's Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Number of Dependents in your Family \_\_\_\_ Number of Sokol memberships in family \_\_\_\_\_

List the names and addresses of two teacher references and one other reference. These individuals must be WELL acquainted with you (no relatives please). All three must write a letter of recommendation and at least one of them must be a college graduate.

Name	Exact Address	Phone #	Occupation
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Name and Address of High School \_\_\_\_\_

Date of Graduation \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Counselor \_\_\_\_\_ Telephone Number (    ) \_\_\_\_ - \_\_\_\_

Name of Principal \_\_\_\_\_ Telephone Number (    ) \_\_\_\_ - \_\_\_\_

List courses to be completed in senior year

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List courses to be completed in junior year

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List extra-curricular activities, offices (s) held

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Work experience:

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List any special honors and/or awards earned and where (school, Sokol, etc.)

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To what college(s) have you been accepted?

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What is your professional goal and how did you come to this decision?

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ESSAY ON TOPIC: What Sokol means to me and what one can contribute to Sokol.

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How do you propose to finance your college education other than the Sokol scholarship?

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What do you estimate it will cost you to attend college for one year?

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Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

(Notes of the evaluators to be made on the reverse side of application)

Return completed application and WALLET SIZE PHOTOGRAPH before July 1 to:

ASI/Sokol Greater Cleveland Scholarship Fund

Attn: President

4939 Broadway Ave.  
Cleveland, OH 44105