



PO BOX 5252
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Sokol - Czech School Scholarship Application

Student Information: Scholarship Deadline: First Day of Classes each Semester

First Name: _____ Last Name: _____

Address: _____

Phone: _____ home / cell Phone: _____ home / cell

Grade Level: _____ Age: _____

Check One: I am currently enrolled in the Czech School of California

I will be attending the Czech School of California as a new student

Please list location of Czech School of Calif. planning to attend: _____

Name of Sokol Family/Member(s): _____

Yes No A family member would be able to attend a Sokol meeting to collaborate and provide input on how to interest & attract new families.

Essay: Focusing on the student, attach a one page essay describing the academic relevance to learning more about the Czech language & culture, financial need and how collaboration between organizations such as Sokol and the Czech School of California is beneficial.

Application completed by:

Print Name: _____

Signature: _____

Relationship to Student: _____

Date: _____