



5349 Dolloff Rd. Cleveland, Ohio 44127
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insurance@czechccu.org

High School Grant Application

PLEASE PRINT

Today's Date: _____

Society No: _____ Policy No.: _____

Name: _____ Social Security No.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone No: _____

Catholic High School Name: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

School Phone No: _____ School Website: _____

Grade Level for Upcoming School Year: _____

Please Mail this Completed Application to:

Czech Catholic Union
College Grant
5349 Dolloff Road
Cleveland, Ohio 44127