

## APPLICATION FOR SCHOLARSHIP

## PERSONAL DATA

1. Name (English):			
Last name ( com	nma) First name	Middle	Please attach
(Korean):			your recent photo
2a. Current mailing address:			here
Street number Street name		Apt.	
City	State	Zip Code	
2b. Permanent address if different f	rom current mailing a	ddress	
Street number Street name		Apt.	
City	State	Zip Code	
3a. Tel	3b. FAX		3c.Email_
4. Social Security Number:			
<ul> <li>6a Sex: Male ( ) Female ( )</li> <li>7. Status in U.S.: U.S. citizen (</li> <li>8. Name and address of the sch</li> </ul>	) Permanent re	sident ( ) Stude	nt visa ( )
9. Current year in school: High	School Freshmer	( ) Sophomor	e() Junior() Senior()
Colleg	ge/university Fres	hmen ( ) Sopho	omore ( ) Junior ( ) Senior ( )
Gradu	nate Master ( )	Doctorate ( )	
10. Major	Degree	Expe	ected date of graduation
GPA: SAT Score (H	ligh school senior	s only) Verbal	Math Date taken
Your plan upon graduation:			

11.	Education history: List in chronological order all colleges you have attended or are now attending.

Names of all schools attended	City & State	Dates of attendance	Degree(s) received
		to	

12. Extracurricular activities:					
	List all extracurricula	r activities including skills and hobbies. Describe briefly each activity.			
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13.	Distinctions, honors and awards:				
	Indicate the basis of selection for any award that is not well-known.				
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			-		
			-		
			-		
			-		
14.	Recommendations: I	etter of recommendation from school instructor(s), parents, etc.			
	Name	Address			

## FINANCIAL DATA

Both income and expenses must be completed before the application can be considered. You must also send tax returns to complete your application.

"One (1) copy of full pages of the parents' or legal guardians' most recent federal income tax return including schedules. If parents are doing business, first 4 pages of income tax return for business or corporation tax return should be submitted."

Estimated expenses for school year	Estimated incor	me
Personal items Transportation	Support from pa	arents etc.)
Total expenses \$	Total Income	\$
Father's name:	Occupation:	Gross annual income: \$
Mother's name:	Occupation:	Gross annual income:
Spouse's name:(if married)	Occupation:	Gross annual income:
Name(s) and age(s) of persons depend	lent on parents/spouse's incor	me:
1. 2. 3.		
If you are self-supporting student, list	name(s) and age(s) of depend	lents, if any.
1. 2.		
Have you previously received the Choand the amount \$_	oson Foundation scholarship?	Yes ( ) No ( ) If yes, what year
I certified that to the best of my knowledge and my responsibility to ensure that all supporting of		his application is true and correct. I understand it is y name and social security number and are

postmarked by the deadline set by the Choson Foundation.

Signature \_\_\_\_\_ Date\_\_\_\_