**2018 한인장학금 지원신청서**

(2018 Korean Honor Scholarship Application)

|  |  |  |  |
| --- | --- | --- | --- |
| **APPLICANT'S CODE** | ***TO BE FILLED BY THE SELECTION COMMITTEE*** | | |
| ***No.*** | **Accept. Sign** | **Con. Gen** |
|  |  |  |  |

**I. GENERAL INFORMATION**

• **NAME**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Last First Middle*

• **KOREAN NAME** *(if applicable)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• **Gender** □ M □ F

**• PRESENT ADDRESS**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Number and Street City State/ Country Zip Code*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Telephone Number / Email address*

**• PERMANENT ADDRESS**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Number and Street City State/ Country Zip Code*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Telephone Number / E-mail address*

**• DATE OF BIRTH** \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

*Month Day Year*

**• PLACE OF BIRTH**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*City / Province / Country*

**• NATIONALITY**

□ Citizen of Canada. □ Permanent Resident (Canada)

□ Citizen of the Republic of Korea

□ VISA Status \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**• WHETHER OR NOT PAST BENEFICIARY of Korean Honor Scholarship**

□ YES (Year : 20 \_\_\_\_\_ , □ undergraduate)

□ NO

**II. G.P.A.** *(Please attach your transcript.)* \* For the previous one academic year

• NAME OF INSTITUTION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• MAJOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_• YEAR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• G.P.A / 4.0\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*※ The GPA should be on a 4.0 basis (Pass or Fail is not acceptable). If the transcript GPA is not on a 4.0 basis or if letter grades are given, the applicant must convert the grades into those of a 4.0 basis. Submit both the converted grades record and the official original school transcript.*

**III. EDUCATIONAL BACKGROUND**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Institution** | **Location** | **Major** | **Year Attended** | **Degree Exp.** |
|  |  |  | From  To |  |
|  |  |  | From  To |  |
|  |  |  | From  To |  |
|  |  |  | From  To |  |

**IV. KOREAN LANGUAGE ABILITY** (Self Evaluation, Korean-American students only)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Excellent** | **Good** | **Poor** |
| **Speaking** | □ | □ | □ |
| **Listening** | □ | □ | □ |
| **Reading** | □ | □ | □ |
| **Writing** | □ | □ | □ |

**V. AGREEMENT ON DATABASE**

□ I hereby give consent and authorize the Korean Honor Scholarship Committee to keep my personal information\* on file and track any future changes of the information for the benefit of the Korean government. **And I also give consent that best essay selected will be made public or published.**

*※ Information such as your name, birthday, school attended (name, major, year) and telephone number, address and e-mail*

*(to later contact you, if necessary) will be on our file. The information on your future work such as company name,*

*address, contact number may be requested or gathered later.*

□ I do not give my consent

**To the Korean Honor Scholarship Committee;**

The information submitted on this form is correct to the best of my knowledge. If any information in this application is found to be incorrect, I understand that my scholarship can be revoked.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_

*Signature of Applicant Month / Day / Year*