



ONE KOREAN

알칸사 한인 식품협회
Korean American Grocers Association of Arkansas

SCHOLASHIP APPLICATION FORM

PLEASE PRINT AND COMPLETE

• NAME (ENGLISH): _____

• HOME ADDRESS: _____

STREET

CITY

STATE

ZIP

• CONTACT INFORMATION: _____

HOME PHONE

SCHOOL PHONE

CELL PHONE

EMAIL ADDRESS

• GENDER: MALE () / FEMALE () • ETHNICITY: _____

• ARE YOU A UNITED STATES CITIZEN OR A PERMANENT RESIDENT? YES / NO

• ARE YOU CURRENTLY ENROLLED IN A SCHOOL?

• SCHOOL NAME: _____

• MAJOR: (GRADE) _____ • MINOR: (IF APPLICABLE): _____

• DO YOU BELONG TO ANY ORGANIZATION AT SCHOOL?

• DESCRIBE YOUR LEADERSHIP ACTIVITIES AND COMMUNITY SERVICE INVOLVEMENT;

PLEASE SUBMIT THE FOLLOWING ITEMS ALONG WITH THIS APPLICATION BY **November 2, 2019** TO:

Mail to: ONE KOREAN SCHOLARSHIP FOUNDATION

12700 Congo Ferndale Rd. Alexander, AR 72002

1. OFFICIAL SCHOOL TRANSCRIPTS

2. RECOMMENDATION LETTER

3. COPY OF SCHOOL ID

4. AN ESSAY : **“What have I done to achieve my dreams?”**

SIGNATURE: _____

DATE: _____

HOW DID YOU HEAR ABOUT THIS SCHOLARSHIP? : () MEMBER STORE () WEBSITE () FRIEND () SCHOOL