



ONE KOREAN

알칸사 한인 식품협회
Korean American Grocers Association of Arkansas

SCHOLARSHIP 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? YES / NO

· SCHOOL NAME: _____

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

· DO YOU BELONG TO ANY ORGANIZATION AT SCHOOL?

· DESCRIBE YOUR LEADERSHIP ACTIVITIES AND COMMUNITY SERVICE INVOLVEMENT (PLEASE USE THE BACK PAGE IF YOU NEED MORE SPACE);

PLEASE SUBMIT THE FOLLOWING ITEMS ALONG WITH THIS APPLICATION BY **OCTOBER 31, 2020** TO:

Mail to: ONE KOREAN SCHOLARSHIP FOUNDATION

4511 WEST 12th STREET. LITTLE ROCK, AR 72204

1. OFFICIAL SCHOOL TRANSCRIPTS

2. RECOMMENDATION LETTER

3. COPY OF SCHOOL ID

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

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

NOTICE

BY APPLYING THIS SCHOLARSHIP, APPLIANT WILL GRANT PERMISSION TO ONE KOREAN SCHOLARSHIP FOUNDATION FOR THE USE OF PHOTOGRAPHS OR ELECTRONIC IMAGES FROM THE AWARD CEREMONY FOR PRESENTATION UNDER ANY LEAGAL USE.

ONCE APPLICATION IS SUBMITTED, RETURNS ARE NOT AVAILABLE

SIGNATURE: _____

DATE: _____