



THE CHOSON FOUNDATION

APPLICATION FOR SCHOLARSHIP

PERSONAL DATA

1. Name (English): _____
Last name (comma) 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 from current mailing address

Street number Street name Apt.

City State Zip Code

3a. Tel. _____ 3b. FAX _____ 3c. Email _____

4. Social Security Number: _____

5a. Date of birth: _____ 5b. Place of birth: _____
Month Day Year

6a Sex: Male () Female () 6b. Marital status: Single () Married () Other ()

7. Status in U.S.: U.S. citizen () Permanent resident () Student visa ()

8. Name and address of the school you will be attending during the scholarship year:

9. Current year in school: High School Freshmen () Sophomore () Junior () Senior ()

College/university Freshmen () Sophomore () Junior () Senior ()

Graduate Master () Doctorate ()

10. Major _____ Degree _____ Expected date of graduation _____

GPA: _____ SAT Score (High school seniors only) Verbal _____ Math _____ Date taken _____

Your plan upon graduation:

Tuition and fees	\$ _____	Savings	\$ _____
Books and supplies	_____	Expected earning	_____
Housing	_____	Support from parents	_____
Food	_____	Grants (PELL, etc.)	_____
Personal items	_____	Loans	_____
Transportation	_____	Work study	_____
Other expenses	_____	Scholarships	_____
		Spouse's income	_____
		Other income	_____
Total expenses	\$ _____	Total Income	\$ _____

Father's name: _____ Occupation: _____ Gross annual income: \$ _____

Mother's name: _____ Occupation: _____ Gross annual income: _____

Spouse's name: _____ Occupation: _____ Gross annual income: _____
(if married)

Name(s) and age(s) of persons dependent on parents/spouse's income:

1. _____
2. _____
3. _____

If you are self-supporting student, list name(s) and age(s) of dependents, if any.

1. _____
2. _____

Have you previously received the CF scholarship? Yes () No () If yes, what year _____
and the amount \$ _____.

15. The name of a church and a pastor which you are participating in now.

I certified that to the best of my knowledge and belief, the information contained in this application is true and correct. I understand it is my responsibility to ensure that all supporting documents are clearly marked with my name and social security number and are postmarked by the deadline set by the Choson Foundation.

Signature _____ Date _____