



Seoul National University College of Medicine of North America

P. O. Box 631, Port Washington, NY 11050

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SCHOLARSHIP APPLICATION FORM

I. Applicant

1. Name: (English) _____ (Korean) _____

2. Sex: M _____ F _____ 3. Date of Birth: _____

4. Social Security Number: _____ - _____ - _____ US Citizen _____, Green Card Holder _____

5. Present Address: _____

City _____ State _____ Zip _____

(Tel): _____ (FAX): _____

6. Permanent Address: _____

City _____ State _____ Zip _____

(Tel): _____ (FAX): _____

7. E-Mail: _____

8. Education (With Dates and major)

High School: _____

College: _____

Graduate School: _____

II. Family

Father

Mother

1. Name: _____

2. Address: _____

3. Age: _____

4. Education: _____

5. Occupation: _____

6. Telephone: _____

7. Siblings:

Name	Age	Sex	College if applicable
_____	_____	M. F	_____
_____	_____	M. F	_____
_____	_____	M. F	_____

III. Please attach the first page of parents' last year's Income Tax Return

IV. References (see instruction)

1. _____

2. _____

V. Applicant Background (Please attach a separate sheet)

- 1. Award, Achievement or Honor
- 2. Extracurricular Activity
- 3. Community Service
- 4. Employment: Present and Past
- 5. Summer Activity

VI. Write briefly about yourself and your goals and special interest in the future.