



**Seoul National University College of Medicine
Alumni Association of North America**

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

snucmaa.scholarship@yahoo.com

SCHOLARSHIP APPLICATION FORM

I. Applicant

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

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

4. Social Security Number: _____ - _____ - _____

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(Please attach last year's Income Tax return)

Father

Mother

1. Name: _____

2. Address: _____

3. Age: _____

4. Education: _____

5. Occupation: _____

6. Telephone: _____

7. Siblings:

Name	Age	Sex	College if applicable
_____	_____	<u>M.</u> <u>F</u>	_____
_____	_____	<u>M.</u> <u>F</u>	_____
_____	_____	<u>M.</u> <u>F</u>	_____
_____	_____	<u>M.</u> <u>F</u>	_____

III. References (from a faculty of the most recently attended school. References should be obtained within a year of application and should be included in the application package, see instruction.)

1. _____

2. _____

IV. 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

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