



**Seoul National University College of Medicine
Alumni Association of North America, Inc.**

2150 WISE ST #4227, Charlottesville, VA 22905

Tel: (516) 365-5500

snuclmaa@yahoo.com

www.snuclmaaus.org

SCHOLARSHIPAPPLICATION FORM

I. Application

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: _____



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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	_____
_____	_____	M, F	_____

III. References (At least one should be from a facility of the most recently attended school. All 2 references be at the SNUCMAA office by deadline)

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



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