

Hye-Ryeong Kim Memorial Foundation Scholarship Application

Contact Information

Full Name:

Date of Birth:

Address:

City:

State:

Zip:

Phone:

Email Address:

Education Information

High School Name:

High School Address:

City:

State:

Zip:

Phone:

Fax:

Graduation Date:

Cumulative GPA:

SAT Score:

College Name and Location:

Intended Major:

Applicant Questions

Please list your community service activities (up to six)

1 4

2 5

3 6

Select one and describe your involvement (why you joined this organization, what contributions you made, what you learned from it and how it has impacted your life and outlook)

What is your greatest academic accomplishment and why?

What do you plan to study and why did you choose that area?

What do you want to accomplish in 10 years after you finish your education?

Please provide 3 references that you worked with at your community service organizations

Name: Relationship:

Phone: Email:

Name: Relationship:

Phone: Email:

Name: Relationship:

Phone: Email:

Please submit a copy of this scholarship application with copies of your high school transcripts and SAT scores to trustee@hyeryeongkim.com.