



EWHA WOMANS UNIVERSITY ALUMNAE ASSOCIATION SCHOLARSHIP FOUNDATION

Application for Scholarship 2024

Name: (English) _____ (Korean) _____

Current Mailing Address:

Street		Apt # (if applicable)	
City	State	Zip Code	

Permanent Address (if different from current mailing address):

Street		Apt # (if applicable)	
City	State	Zip Code	

Phone: _____ Email: _____

Date of Birth: _____ Place of Birth: _____

Sex: Male () Female () Marital Status: Single () Married ()

Status in U.S.: U.S. Citizen () Permanent Resident () Student Visa ()

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

Street		Apt # (if applicable)	
City	State	Zip Code	

Current year in school: H.S: Senior () College: Freshman () Sophomore () Junior () Senior ()

Major: _____ Degree: _____ Expected date of graduation: _____

GPA: _____ SAT Score (High School Seniors only): _____ Date taken: _____

Mother's Maiden Name: _____ Ewha Graduation Year: _____ Major: _____

PROMPT: Write an essay about how your family background influences your vision upon college graduation and why you think you are the best candidate for this scholarship (limit two pages, double-spaced). Please attach your essay and your photo to this application.

Date: _____ Signature of Applicant: _____