

JOUNG 2025 SCHOLARSHIP

FOR CHICAGOLAND KOREANS

SCHOLARSHIP APPLICATION

BASIC INFORM	MATION			
Name				Gender \Box M \Box F
First	Middle	Last		
linois Mailing	Address			
C		Stre	et Number & Nam	ne
Ci	ity		State	Zip
Iome Phone			Mobile Phone	
Email Address _				
Date of Birth		Place of Bi	rth	
(L	DD/MM/YYYY)			
EDUCATION E	•	entary–High Sc Address	hool or University) Dates Attended
value of institute		Address		Dates Attended

REQUIREDSUPPLEMENTALDOCUMENTSCHECKLIST

 \Box Sealed official transcript

□ SAT or ACT scores(for high school seniors)

- \Box Form1040(parent or legal guardian's)
 - Why do you deserve the scholarship? What are your academic goals/Overall/life goals?
- \Box One recommendation letter
 - Teacher, counselor, religionist, mentor but not family.
 - Must be signed, dated and sealed

 \Box For high school seniors: proof of pursuance of higher education(e.g. signed, sealed and dated letter From school counselor)

Pleasemailallnecessarydocumentsalongwiththisapplicationtothefollowingaddress.ALL paperwork must be received or postmarked no later than **May 1(FRI)**.

Joung Scholarship Committee ATTN: Dr. Soo Young Lee 8440 Callie Ave, Unit 306, Morton Grove, IL 60053 Joungscholarchicago@gmail.com

The information found on this form and submitted with this application is accurate and complete to the best of my knowledge. If any information in this application is found to be incorrect or omitted, I understand that my scholarship can be revoked.

Date

Signature of Parent/Legal Guardian(if under18 years of age)

Date