## Scholarship Application for Korean Presbyterian Church of Metro Detroit (KPCMD)

Please fill out the application in full. Please submit all documents to KPCMD via email (scholarship@kpcmd.org).

A.	Personal I	nformation				
Las	t Name	First Name	Middle Name		Sex (M/F)	DOB (mm/dd/yyyy)
Mailing Address			City		State	Zip
Current Grade			Email	Telephone	Alternate Contact	
	te the name, add	ress and denomina		ervices (if applichurch. Please also desceparate sheet.	•	ficant church
Na	me of Church	A	ddress	City/State/Zip		Denomination
	= =		Name of Past  n Requirement		Contact Inform	nation (Tel and email)
*	Completed Application (this document).  Personal Essay – on one page (separate sheet), please state your future goals and aspirations and how your current course of study will help to achieve and support those goals. Include any information you think may be helpful for the scholarship committee to get to know you, such as financial information.					
*	Academic History - Please list all your academic institutions from your secondary education (high school and/or college) on a separate sheet (Name of Institution, Address, Dates Attended (mm/yyyy), GPA, Degree (if applicable), Major. Additionally, describe any extracurricular activities, academic achievements, honors and awards.					
*	Current/Future Enrolled Tuition Invoice.					
*	Academic Transcript - a copy of most recent academic transcript, directly from your academic institution.					
*	<b>Two letters of Recommendation</b> , <i>directly from "recommender"</i> (not accepted if submitted by applicant, download at:					
*	https://kpcmd.org/theme/kpcmd_gen6/html/KPCMD_scholarship.php). Recommender shall not be a family member. For Cho Kyuhong Memorial Scholarship, Kim DoSim Memorial Scholarship, and Futures Scholarship: FAFSA application/information.					
*	For KPCMD Mis	sionary Scholarship o	nly: supportive docume	ents as proof of evidence	towards Korean	Missionary work
*		, ,		the US or in South Korea) rship Committee (on as-n		

I hereby attest that the information I have provided above is true, and if requested by the KPCMD Scholarship Committee, I will provide any additional information concerning my application. By applying, I give my permission to KPCMD to verify my personal information provided here. Furthermore, I understand that incompletion or falsification of my application will automatically result in disqualification.

Applicant Name	Signature	Date