

## 2018 Scholarship Application Form

Name:	<u>Student's</u> membership # (Required)
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中文姓名:	Telephone:	Birthday:
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Address:	Email:
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Parent's Name:	Home Phone:
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中文姓名:	<u>Parent's</u> membership # (Required)
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Home Village 籍貫:	
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**Academic Information:**

School Name:	School Phone:
School Address:	

**For High School and College students:**  
 Are you willing to give a short speech if selected by the scholarship committee? \_\_\_Yes, \_\_\_No

- Grade school students please indicate your class level by marking an "X" in the appropriate box
- College students please indicate the total units completed
- All community college students are freshman or sophomore

Grade Level	8	9	10	11	12	Freshman	Sophomore	Junior	Senior
Fall '17									
Winter '18 (For quarter system only)									
Spring '18									
Accumulated Units									

**In order to be considered for the Scholarship, the following items must be sent to:**  
**Jack Sen Benevolent Association**  
**619 Kearny Street**  
**San Francisco, CA 94108**

[ ] Completed Application Form  
 [ ] Copies of report cards or official transcript for the *Whole academic school year*  
 [ ] Proof of acceptance to a college/university or graduate program (if applicable)

