

芝城遯源公所獎勵金申請表
Soo Yuen Benevolent Association Academic Achievement Award
(Please bring original diploma or final year college year transcript)

Name (英文名): _____

Chinese Name (中文名): _____

Address (地址): _____

Phone (電話): _____

Date of Birth (生日): _____ Male (男): _____ Female (女): _____

Parent(s) Name (父母英文名): _____

Parent(s) Chinese Name (父母中文名): _____

Name of School Completed (學校名): _____

School Address (學校地址): _____

Please check only one of the following:

Elementary (小學): _____ High School (中學): _____ College (大學): _____

Date of Graduation (畢業日期): _____

Major: _____ (College Grad. Applicants Only)

Additional Comments: _____

Signature of Applicant

Date

Please Do Not Fill In The Box Below

To be completed by Scholarship Coordinator:

Approved by: _____ Date: _____

Revised ECL 2/2009 Internet Ver.
(Chicago, IL)