**2019 KAWA CNA Scholarship Application**

**1. Application Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name | First Name | MI | Date of Birth |
| Address | | City | |
| State | Zip code | Social Security # |  |
| Country | Total House Income | U.S. Citizen   * Yes * No | Permanent Resident   * Yes * No |
| Phone Number | | E-mail | |
|  | | Emergency Phone Number | |

**2. Working Experiences, Volunteering & Awards**

Please list current and prior working experiences and volunteer works. Also list special awards you received since high school graduation. Provide organization names, activities performed, and length of involvement and hours of commitment.

Please use a separate sheet of paper for additional space.

|  |  |  |
| --- | --- | --- |
| Employment or Volunteer/ Organization | Period | Total Hours |
|  |  |  |
|  |  |  |
|  |  |  |

Special Awards:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Essay**

Please write an essay about yourself, such as life goals, reasons to be a CNA and so forth. The essay should be approximately one page in length. (single-spaced)

**4. Recommendation Letters**

You are required to submit one- two letters of recommendation from an individual who knows you and is familiar with your employment and community service. A work supervisor, community service leader, advisor, or any other adult familiar with you could serve as a recommender.

**5. Checklist**

Please include with your application package:

* Signed and completed application from
* Copy of signed family tax return
* Essay
* Recommendation Letters
* Official high school diploma (US issued only, for others not necessary)

**6. How did you hear about the KAWA CNA Scholarship?**

|  |  |  |
| --- | --- | --- |
| * KAWA Website | * Advertisement | * Media   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Referred by a KAWA Board   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * Referred by an organization   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * Other   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**7. Statement of Accuracy**

I certify that the information provided herein is correct to the best of my knowledge. I agree to all official rules and regulation of the Korean American Women’s Association.

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Signature Printed Name Date