

Milal Scholarship Application Form

Applicant Information

Applied For: Christian Education Scholarship (기독교 교육 연구 장학금) Youth Leadership Scholarship (청년 리더십 장학금) (이용술 장로 기념 장학금) Pastor's Kids Scholarship (목회자 자녀 장학금) Milal Theological Student Scholarship (밀알 신학생 장학금)

Full Name: _____ Korean Name: _____ (If applicable)
First Middle Last

Address: _____
Apartment/Unit # Street City Province Postal Code

SIN #: _____

Phone #: _____ Email: _____

Date of Birth: (MM/DD/YYYY) ____/____/____ Male Female

Church Name & Address: _____

Legal Status in Canada: Canadian Citizen Permanent Resident Study Permit Other

Have you ever received a scholarship from us? YES NO If yes, when? _____

School Information

Name of School: _____ Major: _____

Student Number: _____ Year: _____ (As of October 31, 2018)

Reference

Please list two professional references.

Full Name: _____ Relationship: _____

Profession: _____ Phone #: _____

Email: _____

Full Name: _____ Relationship: _____

Profession: _____ Phone #: _____

Email: _____

Declaration and Authorization

I declare that information given in this application is true and I give the committee the right to verify any information I provide. I agree to accept the decision of the committee as final and I agree that all documents submitted shall be property of committee and shall not be returned. I consent to the publication of information that I provide for the committee's promotional purposes. I agree to attend the entire requested event including the award ceremony. I consent the committee to contact the above-mentioned references.

Signature: _____ Date: _____
Applicant Name: _____

** Please complete this form in type script. Handwriting is not acceptable.