**KOREAN CANADIAN SCIENCE SCHOLARSHIP FOUNDATION**

**Award Application Form**

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| **Applicant’s Name (English)** | | (Last) (First) (Middle Initial) | | |
| **Applicant’s Name (Korean)** | |  | | |
| **Date of Birth (dd/mm/yy)** | |  | | |
| **Affiliation (University)** | |  | | |
| **Department or Major** | |  | | |
| **Year or Degree program**  **(3rd year, Master, etc)** | |  | | |
| **Current Status (as of June 2022, full time, etc)** | |  | | |
| **Cumulative GPA\***  **(Entire Undergraduate GPA)** | | **/4.0 or /4.5** | | |
| **Cumulative GPA\* (Entire Graduate GPA, if applicable)** | | **/4.0 or /4.5** | | |
| **Permanent Address** | |  | | |
| **Applicant’s Contact** | | **Tel:** | | |
| **E-mail:** | | |
| **Social Insurance Number** | |  | | |
| **Citizenship**  **(Indicate your status in Canada)** | | **Canadian Citizen** | **Permanent Resident** | **International Student** |
|  |  |  |
| **References\*\***  **(Name, affiliation, email and phone number)** | **1** | **t** | | |
| **2** |  | | |

**\*** Official transcripts for the entire undergraduate and graduate (if applicable) academic years from all former and current post-secondary institutions are required. See the announcement for detailed information.

**\*\*** Reference letter can be scanned and email to info@akcse.org or mail to KCSSF Office. See the announcement for detailed information.

Have you received any award from other Scholarship Foundation? (Yes/No)

If your answer is Yes, please identify year, name, and amount of scholarship(s) you have received in the past 3 years.

I certify that all information given is complete and accurate to the best of my knowledge. I agree to accept the decision of the Foundation as final and I agree that all documents submitted shall be property of the Foundation and shall not be returned. I consent to the publication of information that I provide for the Foundation’s promotional purposes. If awarded a scholarship, I am willing to comply with the stated terms. I understand that the information will be considered confidential for review.

Name:

Signature:

Date: