Undergraduate Scholarship Application Form

DEADLINE: OCTOBER 16TH, 2017

1. Name: ________________________________________________________________
   (Print/Type)         Last Name         First Name         SBU ID# 

2. Mailing Address: ____________________________________________________________
   Number, Street, and Apt #

   ____________________________________________________________
   City         State         ZIP

3. Email: _____________________________ Phone:______________________

4. School Year and Academic Affiliation (major, department): ________________

5. Average G.P.A.: ________

6. Korean Studies Courses Taken until Fall 2017:
   _______________________________________________________________________
   _______________________________________________________________________

7. Recommender: ________________________________

Signature: ___________________________________________ Date: _________________