| HFCC Scholarship Application Form | | | | | |
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| \*Applications will be accepted until Sep 28, 2023 by 11:59pm.you may choose to submit the form via:MAIL- 12362 Beach Blvd. Ste1 Stanton, CA 90680 EMAIL-info@hanmihope.orgRecipients will be announced on Oct 28, 2023. Award presentation will be announced later. \*\*Applications are open to all students currently enrolled in college. | | | | | |
| Applicant Information | | | | | |
| Full Name: | | | | | |
| Date of birth: | Phone: | | | | Email: |
| Current address: | | | | | |
| City: | State: | | | | ZIP Code: |
| Father’s Name: | | | Occupation: | | |
| Mother’s Name: | | | Occupation: | | |
| academic information | | | | | |
| Name of school you will enroll in Fall 2023: | | | | | |
| Address: | | | | | Phone: |
| \*Please submit a copy of your transcript attached to this formor upload to [info@hanmihope.org](mailto:info@hanmihope.org) in this format: YCS Last, First name | | | | | |
| Community Service Experience | | | | | |
| Name of Organization: | | | | Name of Supervisor: | |
| City: | | Phone: | | | Dates of Service: |
| Please briefly describe your experience: | | | | | |
| Other Community Service Experiences: | | | | | |
| Essay | | | | | |
| Please answer the following questions in essay format typed on a separate sheet not exceeding 2 pages, double-spaced, Times Roman 12 font. Attach the document to your application form. 1. Describe your career objectives. What life experiences, hardships, accomplishments, and/or special interests guided you towards your objective?  2. How did your community service experience prepare you in providing service to others? Please emphasize how it contributed in personal growth as well as serving the community. (Example: communication, empowering others, leadership)  3. If you are chosen for this scholarship, how will you utilize the award? | | | | | |
| Checklist | | | | | |
| * Application form * Essay * copy of current college or high school transcript | | | | | |
| APPLICANT PRINT AND SIGN: \_\_\_ \_\_ \_ \_\_\_\_\_\_ \_ DATE: \_\_\_\_\_\_\_\_\_ \_\_\_\_ | | | | | |