



THE KAREN HA SCHOLARSHIP



KOREAN
AMERICAN
COMMUNITY
FOUNDATION
of San Francisco

DATES & DEADLINES

Application Due Date -
March 1, 2019 (Friday)

Interviews of Finalists -
Week of March 18th

Award Notification -
April 10, 2019 (Wednesday)

Public Announcement -
May 4, 2019 (Saturday) at
KACF-SF Annual Gala. Final
two awardees announced at
our Annual Gala.

Purpose: KACF-SF is committed to improving the quality of life in the Bay Area's Korean American community and empowering the next generation of Korean American leaders. Through this scholarship program, we seek to give talented but under-resourced students the chance to become college graduates and contributors to their community and family.

Background: The Karen Ha Scholarship was established by the family of Karen Ha to honor her legacy as a Founding Member and inaugural Board Co-Chair of KACF-SF.

Number of Awards: 2

Amount of Award: \$2,500 (annual award)

Must submit renewal application annually (will be provided), continue to maintain cumulative GPA of 3.0 each academic year, and be in good community standing. In addition, awardees will receive some mentorship support.

ELIGIBILITY

Grade level: Incoming freshman planning to enroll full-time at an accredited four-year public college or university in California in 2019-2020

OR: Transfer student from a Bay Area community college planning to enroll full-time at an accredited four-year public college or university in California in 2019-2020

Minimum cumulative GPA of 3.0

Korean ethnicity (at least 50%)

Documented financial need

Residency: Incoming freshmen must reside in one of the five Bay Area counties: Alameda, Contra Costa, San Francisco, San Mateo, and Santa Clara. Transfer student applicants must currently be attending a community college in one of these five counties.

Undocumented students with DACA status are eligible to apply; International students are not eligible to apply.

APPLICATION CHECKLIST

Please send your completed application and below items as ONE PDF document to scholarship@kacfsf.org with email subject line: Karen Ha Scholarship, [YOUR NAME]. Do not send each item separately.

- Completed and signed Application (fillable PDF)
- Essay #1 (400-600 words): *Tell us about yourself, including your academic and career goals, hopes and dreams for the future.*
- Essay #2 (400-600 words): Choose ONE of the following:
 - *Tell us something that is meaningful to you and how this helps to define who you are.*
 - *What has been the greatest challenge you have faced, either personally or academically? How did you approach it? What did you learn?*
 - *Describe a memorable experience that inspired you in some way related to your academic or career goals. What impact did it have on you?*
- Most recent transcript(s) of grades (including grading scale); unofficial transcripts are accepted
- Copy of SAT or ACT scores
- Resume
- Copy of your and/or your parents'/parent's most recent Federal Income Tax statement (short form).
- Copy of your Student Aid Report (SAR).
To obtain SAR, visit: <https://studentaid.ed.gov/sa/fafsa> .

The following should be sent DIRECTLY from one teacher and one adult on letterhead in PDF format to scholarship@kacfsf.org with email subject line: Karen Ha Scholarship, [YOUR NAME].

- One (1) letter of recommendation from a teacher.
- One (1) letter of recommendation from an adult who knows you well (i.e. coach, employer, pastor, etc.)



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THE KAREN HA SCHOLARSHIP APPLICATION

I am applying as:

An Incoming Freshman planning to enroll full-time

A Community College Transfer Student

Name of Community College

of Years Attended

APPLICANT INFORMATION

First Name

Middle

Last

Email

Mobile Number

Home Phone Number

Permanent Address (street, city, state, zipcode)

Mailing Address (if different from above)

Are you a US Citizen or Permanent Resident?

YES

NO

If you checked "No" for residency, please verify your eligibility before continuing.

Are you a DACA Recipient or Dream Act eligible?

YES

NO

Is your mother more than 50% Korean?

YES

NO

If you checked "No" for either your mother or father, please verify your eligibility before continuing.

Is your father more than 50% Korean?

YES

NO

PARENT/GUARDIAN INFORMATION

#1

First Name

Middle

Last

Relation to Applicant

Phone

Email

Permanent Address (If different from applicant | street, city, state, zipcode)

#2

First Name

Middle

Last

Relation to Applicant

Phone

Email

Permanent Address (If different from applicant | street, city, state, zipcode)

Will you be the first in your immediate family (parents & siblings) to attend college?

YES

NO

HIGH SCHOOL INFORMATION (to be completed by all applicants)

Name of High School

City

Weighted GPA

Unweighted GPA (4.0 scale)

Graduation (month/year)

TRANSFER APPLICANTS

Name of Community College

City

GPA

Graduation (month/year)

TECHNICAL SCHOOL List any other high school or technical schools attended in the **past four years:**

Name of Institution

City

Date of attendance (mm/yy)

Name of Institution

City

Date of attendance (mm/yy)

ADMISSION TEST RESULTS (Please provide your highest score in the fields below. Please be sure to include a copy of those test scores.)

SAT

Math

Reading & Writing

Date

ACT

Composite Score

Date

Please provided the highest scores from ACT subjects. Score may be from different test dates.

English

Math

Reading

Science

**SAT
SUBJECT**

Subject

Score

Date

Subject

Score

Date

Subject

Score

Date

Subject

Score

Date

ACTIVITIES (Please list any meaningful activities, community service or sports in which you have participated.)

Activity/Organization	Title/Leadership Position	Dates: (mm/yy - mm/yy)
Activity/Organization	Title/Leadership Position	Dates: (mm/yy - mm/yy)
Activity/Organization	Title/Leadership Position	Dates: (mm/yy - mm/yy)
Activity/Organization	Title/Leadership Position	Dates: (mm/yy - mm/yy)

AWARDS & HONORS (Please list any awards and recognition you have received.)

Award/Achievement or Recognition	Dates: (mm/yy)
Award/Achievement or Recognition	Dates: (mm/yy)
Award/Achievement or Recognition	Dates: (mm/yy)

FINANCIAL INFORMATION

What is your combined total household income?

- Less than \$20,000
- \$20,000 - \$39,999
- \$40,000 - \$59,999
- \$60,000 - \$79,999
- \$80,000 - \$99,999
- \$100,000 or more

Number of people supported by reported income: _____

Number of household members attending college in 2019-2020, including yourself: _____

Housing plans for 2019-2020

- Commuter from home
- On-Campus Housing
- Off-Campus Housing

FINANCIAL AWARDS (List the name and annual amount of any and all grants and scholarships you have been awarded or to which you have applied.)

Name/Type of Support	Amount	Status
Name/Type of Support	Amount	Status
Name/Type of Support	Amount	Status

COLLEGE & UNIVERSITY INFORMATION (List your top three choices.)

_____	_____	_____
<i>School</i>	<i>City</i>	<i>Status</i>
_____	_____	_____
<i>School</i>	<i>City</i>	<i>Status</i>
_____	_____	_____
<i>School</i>	<i>City</i>	<i>Status</i>

What is your intended major? _____

Anticipated graduation date: _____

What career would you like to pursue after graduation?

How did you hear about the Karen Ha Scholarship?

- | | |
|--------------------------|---------------------|
| College/Career Counselor | Church |
| Teacher | KACF-SF Staff/Event |
| Family/Friend | Other: |
| Internet (specify) | |

By signing below, I affirm that all of the information provided in this application is true and accurate to the best of my knowledge and that this application, including the essays, is my own work. I have read and understood the conditions of the Karen Ha Scholarship as explained. I give permission to officials of my institution to release transcripts of my academic record and other information requested for consideration for the Karen Ha Scholarship program. If selected as a recipient of the Karen Ha Scholarship, I agree to provide additional documentation that is required.

Your Name

Date

If applicant is under 18 years of age, a Parent/Guardian must type sign below:

Parent/Guardian

Date