

# 이화여자대학교 미주동창회 보스턴지회



## **Ewha Womans University Alumnae Association of Boston**

### **SCHOLARSHIP APPLICATION -2024**

Boston Alumnae Association of Ewha Womans University would like to support students who meet the following requirements. Every year our Alumnae Association offers an amount of \$1000 each for a few students. The scholarship will be awarded during the annual Alumnae meeting on March 9, 2024.

#### **1. ELIGIBILITY REQUIREMENTS**

- a. Must be a high school Junior or a full-time undergraduate or a graduate student.
- b. Must be a student living in the New England area. One will be selected from an alumna or an immediate family of a member. The others will be selected from other applicants who are not related with Alumnae members, students from Korean community and other Ethnic community.
- c. Must demonstrated leadership, high academic achievement, and bright future vision.
- d. Must show financial needs.

#### **2. REQUIRED DOCUMENTS:**

- a. The application form with a photo of yourself (e.g., 2" x 2" photo)
- b. An official transcript (At least two consecutive semesters)
- c. Two or more letters of recommendation from teachers/ professors or community leaders or Boston EWUAA member who is not in the Scholarship committee.  
(at least one from teacher/professor)
- d. An essay (not to exceed 800 words) introducing yourself and vision for your future
- e. A letter justifying financial needs and supporting documents
- f. A list of any other scholarships received in this year

#### **3. SUBMISSION AND DUE DATE:**

The completed application form, an essay supporting materials including transcripts, and recommendation letters must be emailed to [mmcholee@gmail.com](mailto:mmcholee@gmail.com) no later than Jan. 31, 2024  
You may also mail them to the address below:

Mrs. Mina Cho (이명숙), 64 Kings Rd. Canton, MA. 02021

\*All documents will be kept confidential and will not be used for any other purposes.

**Ewha Womans University Alumnae Association of Boston**  
**SCHOLARSHIP APPLICATION**

Name: \_\_\_\_\_  
First Middle Last (Family)

CURRENT ADDRESS: (valid until / / ) PERMANENT ADDRESS: (if different)  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cell Phone; \_\_\_\_\_

E-mail; \_\_\_\_\_

**ACADEMIC BACKGROUND**

List all the postsecondary institutions you have attended beginning with the most recent.

Institution	Dates Attended	Major/Degree
_____	_____	_____
_____	_____	_____

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(print)

\* CONSENT TO PHOTOGRAPHY, VIDEO FOR ORGANIZATIONAL USE UPON THE RECEIPT OF SCHOLARSHIP: I hereby consent to the participation in interviews, use of quotes, and the taking of photographs, movies or video of myself as part of the scholarship program. I also grant to the Ewha Womans University Alumnae Association of Boston, the right to edit, use, and reuse said products for nonprofit purposes including use in print on the internet, and all other forms of media.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(print)