



**Hanmi Bank Dream Scholarship
For At-Risk Youths**

2018 Scholarship Application

For more information regarding the scholarship application process and detailed information, please contact Estée Song of Korean American Family Services (KFAM) at esong@kfamla.org or at 707-714-0047

Hanmi Dream Scholarship is offered by Hanmi Bank to provide educational support to the at-risk youths to achieve their educational goals. The scholarship is largely focused on supporting foster youths and youths from home of domestic violence, but is available for other at-risk youths.

APPLICATION REQUIREMENT & ELIGIBILITY:

1. Either a social worker, case manager or a guardian may complete the application on behalf of the student, if a student is not able to complete the application.
2. Students currently attending elementary school (K-6), middle school, high school, college, trade school and/or graduate school are eligible to apply. Students must be between five (5) to twenty six (26) years of age in order to be eligible. School attendance verification will be required.
3. Applicant should either be currently or formerly been in a 1) foster care program, or 2) family exposed to domestic violence. If the applicant is faced with a different risk, please describe the risk (ex. Homelessness). Verification will be required.
4. Applicant must demonstrate 1) financial need, 2) how they plan to use the award.
5. Application should include a statement of recommendation. Personal statement is also required for students who are applying for or currently attending trade school, college or graduate school.

SCHOLARSHIPS OFFERED:

Hanmi Dream Scholarship will award scholarships ranging from \$1,000 to \$10,000 to qualified students depending on the school grade level and the financial need. Scholarship program will be administered by Korean American Family Services (KFAM). Scholarship funds will be given to Korean American Family Services (KFAM), who will be responsible for administering the Hanmi Dream Scholarship for At-Risk Youth program, which includes application acceptance and review, nominating the awardees, distributions of the award and monitoring the awards.

SCHOLARSHIP DEADLINE:

Applications must be emailed to esong@kfamla.org by May 31, 2018. Additional applications may also be accepted on a rolling basis, on a case by case basis, if the need is urgent. For questions regarding the scholarship program, please contact Estée Song at 707-714-0047 or esong@kfamla.org.

AWARD NOTIFICATION & PROCESS:

Award recipients will be notified by June 30, 2018. Applicants will be notified if there are changes to the notification date. If the applicant is 18 years or older, notification will be sent to the applicant's email address listed in the application. If the applicant is a minor, notification will be sent to the person filling out the application (i.e. social worker, case manager, and guardian) on behalf of the applicant.

Hanmi Dream Scholarship Application

SECTION ONE

This part can be completed by student, guardian and/or CSW/Case Manager

I. STUDENT INFORMATION

Legal Name

in Full:

(Print/Type)

Address:

Street Address, Apt Number (If address is confidential, use administrative office)

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_____/_____/_____

Date of Birth (Month/Date/Year)

E-mail Address

Name of CSW/ Case Manager: _____ Organization: _____

Phone

E-mail Address

Have you ever been granted Hanmi Dream Scholarship? YES _____ If Yes, Year of Award: _____
NO _____

II. SCHOOL INFORMATION

Please fill out below if student is currently attending **Elementary, Middle or High School**.

If you are attending **College, Trade School, or Graduate School**, please fill in the next section.

For

Elementary ,

Middle, High

School

Students:

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Current School Name

School Phone Number

Current Grade

Current School Street Address

City

State

Zip

Are you a graduating high school senior planning to enter college/trade school?

_____ Yes (If yes, please attach high school transcript)

Enter the name of the College or Trade school you plan to attend

(Please attached acceptance letter or enrollment letter)

_____ No

IV. FINANCIAL NEED

Please state if you are receiving any financial assistance from the government (i.e. Medical, Food Stamps etc..)

Please identify how the scholarship award will be used.

- _____ After school tutoring or tuition (K-12)
- _____ College tuition (trade school, college, graduate school)
- _____ School related supplies (Please describe below)

- _____ Other (Please describe below)

V. ACKNOWLEDGEMENT AND SIGNATURE

Please review the responses on the scholarship application and agree to the following acknowledgement by signing below:

1. My signature confirms that all information provided on this application is accurate and truthful.
2. I understand that this application will be made available to those qualified to review for the sole purpose of assessing the scholarship award.
3. If selected and if above the age 18 years old, the scholarship recipient may be asked to be photographed for public relations purpose. Students under 18 years old will not be asked to be photographed for public relations purpose unless the student or guardian provides a written consent.

Student (Applicant Signature if over 18 years or older)

Date

NOTE: If any information provided on this application is deemed inaccurate or false, Hanmi Dream Scholarship Committee reserves the right to rescind the application. Should the applicant no longer need the scholarship for the specified purpose (ex. Student stops receiving tutoring), the Committee reserves the right to suspend or reduce payments. Awardees will be required to submit a final report once they have used the award. The final report should contain information including how the award was used and how the award helped. Applicants who fail to submit a final report or follow these conditions will not be eligible for future Hanmi Dream Scholarships.

OFFICE USE ONLY				
At Risk Youth Verification	D			
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SECTION TWO

This part of the application is completed by CSW/ Case Manager

I. AT-RISK YOUTH VERIFICATION

Name of the Student

(Print/Type)

_____ Last

_____ First

_____ DOB

CSW/Case Managers: Please complete the following section. Please check the appropriate box below and fill in the requested information following the check box:

_____ Applicant is a current or former foster youth who was in court-ordered foster care

_____ Applicant is a current or former domestic violence exposed youth

_____ Applicant is an Other At-Risk Youth

For Foster Youth: Fill this section if applicant is a foster youth

_____ Case Number

_____ Social Worker's Name

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_____ Social Worker's E-mail Address

_____ Social Worker's Telephone Number

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_____ Attorney's Name & E-mail Address

_____ Attorney's Telephone Number

For DV Exposed Youth: Fill this section if applicant is a youth exposed to DV

_____ Case Number (either parent's or student's case number)

_____ DV Shelter Name (if applicable)

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_____ Case Manager's Name & E-mail Address

_____ Case Manager's Telephone number

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_____ Attorney's Name & E-mail Address (if applicable)

_____ Attorney's Telephone number

Other At-Risk Youth: Fill this section if applicant is faced with a different risk

Describe the risk: _____

_____ Case Manager's Name

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_____ Case Manager's Telephone number

