



Hanmi Bank Dream Scholarship For At-Risk Students

2019 Scholarship Application

For more information regarding the scholarship application process and detailed information, please contact Estée Song of Korean American Family Services (KFAM) at HDS@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 HDS@kfamla.org by May 31, 2019. 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 HDS@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) Last _____ First _____ Middle _____

Address:

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

City _____ State _____ Zip _____

() _____

Home Or Mobile _____ Ethnicity _____ Gender _____

_____ / _____ / _____
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 Current School Name School Phone Number Current Grade
School

Students:

_____ 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

II. SCHOOL INFORMATION (CON'T)

Please fill out below if student is currently attending College, Trade School, or Graduate School.

For College, Trade School, or Graduate School Students:	_____	() _____
	Name of Institution	Phone Number
Major	_____	Current Grade Level
School Street Address		
_____	_____	_____
City	State	Zip

***PLEASE ATTACH A COPY OF AN ENROLLMENT VERIFICATION**

III. PERSONAL STATEMENT

Personal statement is **ONLY** required for students who are either currently attending or applying for trade school, college and graduate school. Please write a short description (250 words or less) on why you need the scholarship and how you plan to use the award. If below space is not sufficient, you can attach a separate paper. Students K – 12 are welcome to submit a personal statement if they wish, although this is not required.

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			
	F			
	H			
	O			

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

() _____

_____ Social Worker's E-mail Address

_____ Social Worker's Telephone Number

() _____

_____ 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)

() _____

_____ Case Manager's Name & E-mail Address

_____ Case Manager's Telephone number

() _____

_____ 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

() _____
Case Manager's Telephone number

II. STATEMENT OF RECOMMENDATION

If you are a social worker or a case manager, please write a short description (250 words or less) why the student should be selected as a scholarship recipient. If below space is not sufficient, you can attach a separate paper.

III. 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.

Social Worker/Foster Parent/Agency Rep. Signature

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.