

# Scholarship Application for Korean Presbyterian Church of Metro Detroit (KPCMD)

Please print neatly and clearly, and completely fill out the application. Please remit completed applications to KPCMD via mail or email.  
27075 W Nine Mile Rd, Southfield, MI 48033 – [office@kpcmd.org](mailto:office@kpcmd.org) – (T) 248-356-4488 – (F) 248-356-6119

## A. Personal Information

Last Name	First Name	MI	Sex (M/F)	DOB (mm/dd/yyyy)
Mailing Address		City	State	Zip
Current Grade	Email			Telephone

## B. Church Information

State the name, address and denomination of your current church. How long have you been a member? Are you baptized? Please also describe any significant church activities and community services for the past 3 years on a separate sheet. Please skip if not applicable.

Name of Church	Address (City, State)	Denomination	
Membership Year	Year Baptized	Name of Pastor and Title	Telephone

## C. Academic History

Please list all your academic institutions starting from your secondary education (high school and/or college) on a separate sheet. Please list the following for each academic institution:  
Name of Institution, Address (City, State), Dates Attended (MM/YY format), GPA, Degree (if applicable), Major.  
Additionally, please describe any extracurricular activities, academic achievements, honors and awards.  
Please enclose your most recent original transcript, **sealed by your institution.**

## D. Personal Essay

On a separate sheet, no more than one page, please state your future goals and aspirations and how your current course of study will help to achieve and support those goals. Include any information you think may be helpful for the scholarship committee to get to know you.

## E. Letter of Recommendation

Please enclose sealed letter(s) of recommendation. Minimum one written by non-family member is required.

## F. Final Check List

All of the following required documents must be enclosed in your application package.

- \_\_\_\_\_ Completed application
- \_\_\_\_\_ Church activities or community service (if applicable)
- \_\_\_\_\_ List of academic institutions
- \_\_\_\_\_ List of extracurricular activities, academic achievements, honors, and awards
- \_\_\_\_\_ Sealed transcript (most recent)
- \_\_\_\_\_ Personal Essay
- \_\_\_\_\_ Sealed letter(s) of recommendation

I hereby attest that the information I have provided above is true, and if requested by the KPCMD Scholarship Committee, I will provide any additional information concerning my application. By applying, I give my permission to KPCMD to verify my personal information provided here. Furthermore, I understand that incompleteness or falsification of my application will automatically result in disqualification.

Applicant Name	Signature	Date
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