

何達夫紀念基金會
Ho Ta-Fu Memorial Foundation

MEMORIAL SCHOLARSHIP APPLICATION

1. NAME _____ , _____ , _____
(Last) (First) (漢名, Taiwanese name Optional)

2. NAMES OF PARENTS, Father _____ , _____
(漢名, Taiwanese name Optional)

Mother _____ , _____
(漢名, Taiwanese name Optional)

3. PERMANENT MAILING ADDRESS

Number Street

City State Zip Code

HOME PHONE: _____ SOC SECURITY NO: _____

4. PRESENT MAILING ADDRESS

Number Street

City State Zip Code

5. DATE OF BIRTH _____
Mo. Day Year

6. PLACE OF BIRTH _____

7. SEX _____

8. MARITAL STATUS _____

9. EDUCATION (Institutions Attended, High School Level and Above. List most recent schools first.)

School Dates-From-To Degree or Diploma
(Month & Year)

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APPLICATION CONTINUED

10. FELLOWSHIPS, HONORS, EXTRACURRICULAR ACTIVITIES, PERFORMANCE, ETC.

11. EVIDENCE OF FINANCIAL NEED (Are You or Your Parents Physically Disadvantage, or Are You Raised by single Parent?)

12. REFERENCES* (One From School and Another From Taiwanese Community.)

(1). _____

(2). _____

* Ask to Have Your Recommendation Letters Sent Directly to The Scholarship Evaluation Committee's Address As Listed Below.

13. CURRICULUM VITAE AND A BRIEF AUTOBIOGRAPHY (Use Separate Sheets)

14. ATTACH YOUR COLLEGE TRANSCRIPTS.

15. Return Your Application and Recommendation Letters to:

Ho Ta-Fu Memorial Foundation
c/o Dr. Long R. Kao
3 Worchester Lane
Princeton Junction, NJ 08550

Signature of Applicant _____,

Date _____