806 Clay Street, San Francisco, CA 94108, U.S.A. Telephone: (415)421-0602 Fax: (415)421-0606 www.SooYuen.org

## APPLICATION FOR SCHOLARSHIP

## **ATTENTION**: To qualify for scholarship:

- 1. Applicant's parent must have been a registered member of the SOO YUEN BENEVOLVENT ASSOCIATION, San Francisco for at least one full year at the time this application is submitted.
- 2. Applicant must be a high school graduate during the year 2026.

<ol> <li>Applicant must submit this application together with school transcripts, SAT and/or ACT scores, email address and/or fax numbers to this ASSOCIATION NO LATER THAN 5:00 PM, JANUARY 12, 2026.</li> <li>Applicant must appear on the 4th floor at the above address for interview by the Scholarship Committee at 9:00 AM, Saturday, January 24, 2026.</li> <li>Applicant must have achieved an overall grade point average (GPA) of 3.3 or higher on the 4.0 scale.</li> <li>To receive award, the recipient or guardian must be present at the Scholarship Award Ceremony on 2/23/2026.</li> </ol>		
NAMES (CHINESE AND ENGLISH)		
ADDRESS	ZIP	( ) TELEPHONE
GRADUATING SCHOOL	DATI	E OF GRADUATION
1. <u>Scholastic Achievements</u> :		
2. Extra-Curricular Activities:		
3. Out-of School Activities:		
4. Plans For After Graduation From High School:		
5. Personal Achievements (Awards, Honor Classes, Etc.):		

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.
Signature of Applicant
Print Name of Parents or Guardian
Signature of Parents or Guardian
SOO YUEN BENEVOLENT ASSOCIATION REGISTRATION NUMBER OF PARENT OR GUARDIAN