

SCHOLARSHIP PROGRAM REGISTRATION FORM

[Parent / Guardian & Children]



We Gladly Invite You & Your Children To Join Us For Scholarship Program!

Parent / Guardian's Information:

First Name: _____ Last Name: _____
 Date of Birth (DD/MM/YY): _____ Marital Status: _____
 Relationship to Student: _____ Spoken Language: _____

Contact Information:

Address: _____ City: _____ State: _____ Zip: _____
 Closest Main Intersection: _____
 Cell Phone: _____ Home Phone: _____
 E-Mail: _____

Education: Please begin with the most recent (optional)

	Institution's Name	City/ State	Degree/ Major	Date Attended
1				
2				

Employment Status:

Part Time: _____ Full Time: _____ Retired: _____ Unemployed: _____
 Employer: _____ Position Title: _____
 Employer's Address: _____

Children's Information:

Name	Date of Birth	Relationship	What is your child's Hobbies or Special Interests?	What is your child's dream?

Current School (name/address): _____
Grade average during graduating school year: _____

Emergency Information: List a person who we can contact when you cannot be reached

Name	Relationship to child	Cell Phone	Note

SEA Mission Inc. wants to learn current needs of the participant's family to provide better services. Please choose or suggest programs we can develop to support you and your family:

- | | | |
|--|--|---|
| <input type="checkbox"/> Job Training/ Placement | <input type="checkbox"/> Legal Aid | <input type="checkbox"/> Medical Treatment |
| <input type="checkbox"/> Debt Counseling | <input type="checkbox"/> Parenting Classes | <input type="checkbox"/> Counseling Therapy |
| <input type="checkbox"/> Financial Aid | <input type="checkbox"/> Substance Abuse Treatment | <input type="checkbox"/> Others: _____ |

TERMS AND CONDITIONS

Your application will be treated as private and confidential. The contents of this application will only be reviewed by members of the MJSC's Scholarship Committee and our staff who are involved in the application process. The information contained on the application form may be stored electronically or in another medium. We will not disclose information to a third party. You have the right to request a correction of any information we are holding about you. Requests can be made to the SEA MISSION Managing Director, Rev. Caleb Kim.

In consideration of my acceptance for the Scholarship Program, I _____ agree as follows:

1. I have reviewed the Scholarship Program General Information section, which is available with this registration form.
2. I am responsible for ensuring the information provided in my application and accompanying documents is true, accurate and complete. If information is inaccurate or incomplete, my candidacy may be cancelled.
3. By submitting this application, I authorize the MJSC's Scholarship Committee and staff to collect, verify, use, and store the information you provide in this Application, and in all associated information and documents which you submit.
4. All material and documents submitted with your application become the possession of SEA MISSION INC and will not be returned. By signing and dating below, you agree that you are being registered and to be bound by this legal agreement even if you have not read the agreement.

Signature _____

Date(YYYY/MM/DD) _____

REQUIREMENT

To be considered for Scholarships Program, you must have:

- **Successfully registered and completed 2 terms of MJSC and/or MJAC in 1 year.**
Fall term: September to December / Winter term: January to April / Summer term: May to August
- **Successfully interviewed with the scholarship committee (2 stage interview: once with the student and then the parent)**
- **Maintained high attendance rate (> 60%) in all training/academic sessions**
- **Submitted copies of 2 most recent report cards**
- **Participated in at least 1 fundraising activity organized by MJSC staff**
- **Must be strongly recommended by over 3 MJSC/MJAC staff**

Note

Staff Approval

Name _____

Signature _____

Date(YYYY/MM/DD) _____



SEA MISSION INC
Registered Canadian Charity
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