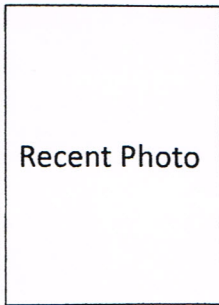




中華民國婦女聯合會舊金山分會

CHINESE WOMEN'S LEAGUE



APPLICATION

Name: _____ Phone: _____
Last First Middle Fax: _____
E-mail: _____

中文姓名 _____ Date of Birth: ____/____/____
Chinese Name Month Day Year

Parents Name: _____
Father (中英文) Mother (中英文)

Permanent Home Address: _____
Street
City State Zip

GPA: Overall GPA: _____ U.C. GPA: _____
SAT Scores: Math: _____ Verbal: _____

Language: _____
Years _____

Recognition / Scholarships received and Community service to date:

Student Signature Parent's/Guardian's Signature

Date: ____/____/____
Month Day Year Print