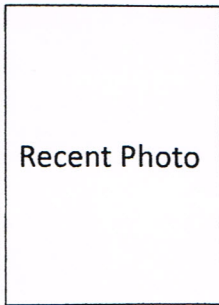




中華民國婦女聯合會舊金山分會

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