Dr.Sun Memorial Scholarship Application Form

*Student Name		*Teacher Name	
*Current student	Yes No	*Enrolled Since	
*E-mail		*Tel	

*Awards Recived at Chinese School

Awards	Date (year/month)

*Activities participated at Chinese School event

*Additional Achievement

Items	Date (year/month)

*Comments or Recommendation (By : / / 20)

*Student Signature :		*Parent Signature :	

** Required*