



THE D.K. KIM FOUNDATION, INC., SCHOLARSHIP

RENEWAL APPLICATION 2008-2009

If you have previously been awarded the D. K. Kim Foundation, Inc. Scholarship, you will need to renew this each academic year. This application is due by March 17, 2008.

I. Personal Profile

When do you plan to graduate from WSC? Year: \_\_\_\_\_

Do you plan to enroll in the fall and spring semesters for more than 12 units? \_\_\_\_\_

Degree Program: Master of Divinity (only)

Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / 19\_\_\_\_
LAST FIRST M.I.

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Mobile Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Current Address: \_\_\_\_\_
STREET CITY STATE ZIP

Permanent Address: \_\_\_\_\_
STREET CITY STATE ZIP

Country of Citizenship: \_\_\_\_\_

If not US citizen, please check applicable box: [ ] permanent resident [ ] F-1/F-2 visa [ ] B-1/B-2 visa
[ ] Other: \_\_\_\_\_

Race/Ethnicity (please check one):
[ ] Native American or Alaskan Native [ ] Black/African-American [ ] Hispanic/Latin-American
[ ] Asian/Pacific Islander [ ] White, non-Hispanic [ ] Other: \_\_\_\_\_

II. Ecclesiastical Affiliation

Of which congregation and denomination are you a member?

CHURCH NAME DENOMINATION CITY STATE

If this is not where you regularly worship, please also give us the name, address and denomination (if any) of your current congregation:

CHURCH NAME DENOMINATION CITY STATE

Are you under formal supervision of an ecclesiastical body? [ ] No [ ] Yes: \_\_\_\_\_

Are you ordained: [ ] No [ ] Yes: \_\_\_\_\_

