橙 縣 華 人 商 會
Orange County Chinese-American Chamber of Commerce
4605 Barranca Pkwy #101-J, Irvine, CA 92604 • 949-471-5821 • www.occacc.org

Scholarship Application

(Please print with ball or ink pen clearly. Thank you!)

Date received:
Application #:
Documents complete: yes no

APPLICANT INFORMATION:

Name: (Chinese) _____
Last_____ First_____ Middle_____
Address: _____
Telephone (Home) _____ (Work) _____
SSN# _____-_____-_____ Date of Birth ____/____/_____ Place of Birth_____
Country of Origin _____ Sex_____ Age_____ US Citizen or PR_____
High School_____ College and Major_____
Country of Origin of Parents (Father) _____ (Mother) _____
Name of Parents (Chinese): (Father)_____ (Mother)_____
Name of Parents (English): (Father)_____ (Mother)_____
Does Applicant Live with Parents Now: ☐ Yes ☐ No

APPLICANT FINANCIAL INFORMATION:

Expenses		Income Expected	
Tuition	$ _____	Self	$ _____
Rent	$ _____	Spouse	$ _____
Books	$ _____	Family Support	$ _____
Living Expenses	$ _____	Loan	$ _____
Others (Please Specify)	$ _____	Scholarships (Please Specify)	$ _____
	$ _____	Others (Please Specify)	$ _____
Total Expenses	$ _____	Total Income	$ _____

PERSONS OF REFERENCES:

1. Name (Chinese) _____
Last_____ First _____Middle_____
Relationship to Applicant _____
2. Name (Chinese) _____
Last_____ First _____Middle_____
Relationship to Applicant _____

AGREEMENT

I hereby release all scholarship materials submitted to OCCACC. I certify that all information given on this application form and other materials needed to meet eligibility are complete and correct to the best of my knowledge and good faith. I understand any falsification or withholding of any pertinent information may result in my disqualification from scholarship application process or return of the scholarship award which has already been bestowed.

Applicant Signature _____ Date _____

If under age 18,
Signature of Parent or Guardian _____ Date _____