

2020 APCF Scholarship Application

Please read the following information before proceeding to the application.

Deadline: 11:59 PM – Wednesday, March 25, 2020

APPLICATION CHECKLIST:

- Online Application Form
- Online Recommender Form
- Official High School Transcript

Please send the following link to your recommender: <https://apcf.wufoo.com/forms/2020-apcf-scholarship-recommender-form/>

All materials must be RECEIVED by **11:59 PM – Wednesday, March 25, 2020**. Anything received (whether mailed, emailed, or faxed) past that date and time will NOT be considered, regardless of the postmark. Application and recommender forms may only be submitted online – Hard copies will NOT be accepted.

Do not mail additional materials, such as resumes, certificates, or newspaper clippings, unless requested. They will not be reviewed.

Awardees will be notified no later than June 30, 2020. The scholarship award can only be used to cover the cost of attending a university/college. This may include tuition, fees, books, supplies, living expenses, and meals. What is included in the cost of attendance varies by institution.

If you have questions or need additional information, please email scholarships@apcf.org.

NOTE: You will not be able to save your form and return to it. Do not hit backspace or refresh when filling out this form. To preview a sample form, click [here](#).

Select a Choice

All Scholarships

I. APPLICANT INFORMATION

Last Name: *

First Name: *

Middle Initial:

Date of Birth: *

 / / 

Maximum of 1 characters. Currently Used: 0 characters.

MM DD YYYY

Sex:

- Male Female

Address of Primary Residence: *

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

County: *

Phone Number: *

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
###		###		####

Email: *

Race: *

- American Indian / Alaska Native
- Asian
- Bi/Multi-Racial
- Black or African American
- Hispanic / Latino
- Native Hawaiian / Pacific Islander
- Unknown
- White
- Other

Status of Residency: *

- U.S. Citizen
- Permanent Resident of the U.S.
- U.S. National
- Citizen of the Freely Associated States
- Other

Country of Birth: *

How did you hear about the Asian Pacific Community Fund's Scholarship Programs? Check all that apply: *

- Asian Pacific Community Fund Website
- Career Center
- Community Organization
- Newspaper/TV/Radio
- School Counselor/Teacher
- Scholarship Clearinghouse (College Board, Fastweb.com, SuperCollege, etc.)
- Social Media (Facebook, Instagram, Twitter, etc.)
- Word of Mouth
- Other

If checked "Other," please specify:

II. SECONDARY/HIGH SCHOOL INFORMATION

High School Name: *

City, State, Zip Code: *

Date of High School Graduation or GED: *

/ / 
MM DD YYYY

Are you a high school senior entering your 1st year of college in Fall 2020?
(If "No," please do not submit a scholarship application.) *

Yes No

III. COLLEGE INFORMATION

College/University you plan to attend: *

IV. LEADERSHIP

List the 3 most significant leadership activities you have participated in, starting from the 9th grade ONLY and not before that (e.g. school clubs/organizations, student government, varsity or club sports, and religious or community groups). Describe your roles and responsibilities. Please do not use acronyms.

1. Name of Leadership Organization/Activity: *

Highest Position Held: *

Position Held From: *

/ / 
MM DD YYYY

Brief Description of Activity: *

Maximum of 150 words. *Currently Used: 0 words.*

2. Name of Leadership Organization/Activity: *

Highest Position Held: *

Position Held From: *

/ / 
MM DD YYYY

Brief Description of Activity: *

Maximum of 150 words. *Currently Used: 0 words.*

3. Name of Leadership Organization/Activity: *

Highest Position Held: *

Position Held From: *

/ / 
MM DD YYYY

Brief Description of Activity: *

Maximum of 150 words. *Currently Used: 0 words.*

LEADERSHIP ADVISOR

Please provide the first and last name, email, and phone number of one advisor from any of the leadership activities mentioned above.

Advisor Last Name: *

Advisor First Name: *

Advisor Email: *

Advisor Phone Number: *

- -
###

What organization is this advisor associated with? *

V. COMMUNITY SERVICE

List the 3 most significant community service activities you have participated in, starting from the 9th grade ONLY and not before that (e.g. food banks, homeless shelters, city events, club-organized community service). Describe your roles and responsibilities. Please do not use acronyms.

1. Name of Volunteer Organization/Activity: *

Highest Position Held: *

Total Number of Community Service Hours for this Organization: *

Brief Description of Activity: *

Maximum of 150 words. *Currently Used: 0 words.*

2. Name of Volunteer Organization/Activity: *

Highest Position Held: *

Total Number of Community Service Hours for this Organization: *

Brief Description of Activity: *

Maximum of 150 words. *Currently Used: 0 words.*

3. Name of Volunteer Organization/Activity: *

Highest Position Held: *

Total Number of Community Service Hours for this Organization: *

Brief Description of Activity: *

Maximum of 150 words. *Currently Used: 0 words.*

COMMUNITY SERVICE ADVISOR/COUNSELOR

Please provide the first and last name, email, and phone number of one advisor or counselor from above.

Advisor Last Name: *

Advisor First Name: *

Advisor Email: *

Advisor Phone Number: *

 - -

###

What organization is this advisor associated with? *

VI. WORK EXPERIENCE (OPTIONAL)

List your most recent work experience since the 9th grade ONLY (e.g. tutor, office worker, sales representative, cashier, etc.)

1. Employer:

Dates of Employment (MM/YY - MM/YY):

Position Held:

Total Hours Worked:

2. Employer:

Dates of Employment (MM/YY - MM/YY):

Position Held:

Total Hours Worked:

VII. FAMILY'S FINANCIAL INFORMATION

If awarded the scholarship, candidates are required to submit either a 2018 or 2019 tax return.

Are you financially independent from your parent(s)/guardian(s)? *

Yes

No

What is the 2018 or 2019 adjusted gross income for yourself and/or your parent(s)/guardian(s)? (i.e. \$20,000) *

Number of family members living in your household:

(If independent, please include yourself, your spouse or any dependents. If dependent, please include yourself, your parents, and other dependents.) *

VIII. FAMILY'S EDUCATION INFORMATION

This data is for informational purposes only and will not be used as criteria during the selection process.

Are you the first in your family to attend college? *

Yes

No

Do you have any siblings that currently attend/did attend college? *

Yes

No

What is the highest level of education completed by your Mother/Guardian? *

No formal schooling

Less than high school

High school degree

Associate's degree

Bachelor's degree

Graduate/professional degree

Unknown

In what country was the highest level of education completed by your Mother/Guardian? *

What is the highest level of education completed by your Father/Guardian? *

No formal schooling

Less than high school

High school degree

Associate's degree

Bachelor's degree

Graduate/professional degree

Unknown

In what country was the highest level of education completed by your Father/Guardian? *

IX. ESSAYS

1. In 500 words or less, please explain why you chose your area of study and what you hope to accomplish in your future career. *

SAMPLE

Maximum of 500 words. *Currently Used: 0 words.*

2. In 500 words or less, describe your most memorable community service experience and how it has impacted you and those you served. *

Maximum of 500 words. *Currently Used: 0 words.*

X. OFFICIAL TRANSCRIPT

You must submit a copy of your most recent OFFICIAL high school transcript that includes the first quarter/semester of your freshman year through the first quarter/semester of your senior year with your application. Minimum unweighted cumulative GPA is 3.0.

You can upload a copy electronically. Electronic files must be uploaded as a PDF. File names should be formatted as follows: "[First Name] [Last Name] Transcript.pdf"

For example, a PDF file of Anna Lee's transcript should be named: "Anna Lee Transcript.pdf"

Asian Pacific Community Fund
ATTN: Scholarship Programs
1145 Wilshire Blvd, Suite 105
Los Angeles, CA 90017

Upload Your Transcript

No file chosen

XI. CERTIFICATION

I certify that to the best of my knowledge, information on this application is complete and accurate. I understand that any falsification of any information may cause my disqualification from the scholarship selection or revocation if a scholarship has been granted, at the Asian Pacific Community Fund's sole discretion. I understand it is my responsibility to make sure this application is complete and submitted by the deadline listed on the application. Furthermore, I understand that if my application is not complete, or if I or any Recommender does not submit my application by the deadline, I may be disqualified from the scholarship competition and may not be considered for a scholarship. This application, upon receipt, becomes the property of the Asian Pacific Community Fund, and I understand and agree that the Asian Pacific Community Fund may use for any purpose and disclose in any medium determined by the Asian Pacific Community Fund in its sole discretion any of the information contained in this application. I hereby give my consent to the Asian Pacific Community Fund to disclose information on my application (including personally identifiable information) to the sponsor of the scholarships and to contact me at any time regarding the scholarship.

To comply with the provisions of the Family Educational Rights and Privacy Act of 1974, I hereby give permission for school officials to release my secondary school record and other requested information, if necessary.

Applicant Signature:

(Typing your name in the box constitutes your signature.) *

SAMPLE