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李徐葉梅展愛公益基金會

2024-2025 學年度 大專學生助學金 – 申請表

University Educational Grant for the 2024-2025 Academic Year offered
by “May Hsu Lee Memorial Fund” – Application Form

Name (English & Chinese) _____

Address _____

Mobile Phone Number _____

Contact Email _____

Date of Birth (DD/MM/YYYY) _____

School /University (Last academic year) _____

University (Incoming academic year) _____

University Major _____

The church currently attending _____

Please check one: Single Father ____ Single Mother ____ Legal Guardian ____

English Name _____ Chinese Name _____

Volunteering Work? (No) _____ (Yes) _____ If yes, please include details in the Application Essay

Acknowledgement & Signature

I, the undersigned, understand and agree that to complete this application I need to submit this Application Form together with the whole set of the Application Package listed in the University Educational Grant Introduction document already provided to me separately.

Name (Print) _____ Signed in (city) _____

Signature _____ Date _____

Submission of Application

Please submit the complete application package as described above on or before August 15, 2024. Please send the complete application package to

**Att: University Educational Grant
Family Keepers, Inc.,
20672 Carrey Rd, Walnut, CA 91789
Phone: 909-595-6777**

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For Office Use Only (Application Package Check List)

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|---|---|---|
| 1. <input checked="" type="checkbox"/> Application Form | 4. <input type="checkbox"/> Application Essay | 8. <input type="checkbox"/> Acknowledgement & Agreement |
| 2. <input type="checkbox"/> Character Reference Letter | 5. <input type="checkbox"/> Student Transcripts | 9. <input type="checkbox"/> Pledge Letter |
| 3. <input type="checkbox"/> Admission Documents /
Registration Documents | 6. <input type="checkbox"/> Income Tax Return(s) | 10. <input type="checkbox"/> Interview – Time/Date |
| | 7. <input type="checkbox"/> University Education Budget Sheet | |