



The Suk Ching Leung Scholarship, Cheou Wang Scholarship  
&  
The May L. To Excellence Award Scholarship  
2019 STUDENT APPLICATION

**APPLICANT GENERAL INFORMATION**

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School or CA ID#: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email : \_\_\_\_\_

Parent/Guardian's Full Name: \_\_\_\_\_

Applicant's Place of Birth: (City, State, and Country): \_\_\_\_\_

Please provide both county and state of residence. This helps establish their eligibility for the program.

County: \_\_\_\_\_ State: \_\_\_\_\_

**APPLICANT'S EDUCATION INFORMATION**

Current School attending: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Current G.P.A. : \_\_\_\_\_

Name of College, University, or Vocational school the youth plans to attend:

\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Planned Major/Area of Study:

\_\_\_\_\_

**FINANCIAL INFORMATION**

Individual or Parent(s) Total Income: (Check one)

\*Individual Income if 18+ and live independently from parent(s); Parent(s) Income if under 18 and/or dependent on parent(s) or legal guardian.

- \_\_\_ below \$15,000/year
- \_\_\_ \$16,000/year - \$20,000/year
- \_\_\_ \$21,000/year - \$30,000/year
- \_\_\_ \$31,000/year - \$40,000/year
- \_\_\_ \$41,000/year - \$50,000/year
- \_\_\_ Above \$51, 0000/year

**ASIAN YOUTH CENTER PROGRAM INFORMATION**

1. What program (is/was) the youth involved with at Asian Youth Center?

\_\_\_\_\_

2. How long has the youth attended programs at the Asian Youth Center?

\_\_\_\_\_

- ✓ **Please include a copy of their most recent tax return for verification of TOTAL INCOME.**
- ✓ **Please attach a copy of most recent report card/transcript.**
- ✓ **Please attach a 500 maximum word essay explaining what you want to do with you education and how why the scholarship will help you achieve your goals.**

AYC Staff Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The application deadline is Friday, February 22nd, 2019 by 5:00PM. Please submit your completed application to:**

Scholarships Awards Committee  
 Asian Youth Center (AYC)  
 Attn: Nicholette Espinosa  
 100 West Clary Avenue  
 San Gabriel, CA 91776