

**GALLERIA SUPERMARKET**

갤러리아슈퍼마켓

No. \_\_\_\_\_

**APPLICATION FOR 2018 SCHOLARSHIP**

Thank you for your interest in scholarship opportunities at Galleria Supermarket, a company committed to supporting academic pursuit of students in need of financial support. The information submitted will be treated confidentially and used only for scholarship application purposes.

**PERSONAL INFORMATION**

First name:		Last name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Name (Korean): _____ (if applicable)					
D.O.B.	(YYYY)	(MM)	(DD)	SIN:	Galleria Customer Card No.: (or registered KakaoTalk/ WeChat ID)
Mailing Address	(Street)			(APT#)	
	(City)	(Province)	(Postal Code)		
	Phone(cell):		Phone(school)		e-mail:
Citizenship Status:		<input type="checkbox"/> Canadian Citizen		<input type="checkbox"/> Permanent Resident	
School			Program		
Student Number			Year of Study	<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> Other _____	

\* Please fill out the table below based on your reference letter.

**REFERENCE** Please provide information about your reference. (Use a blank paper if you need more space.)

No.	Name	Institution/ Organization	Position	Phone number
1				
2				

**CHECKLIST**

<input type="checkbox"/> Scholarship application form (Download from <a href="http://www.galleriasm.com">www.galleriasm.com</a> ) <input type="checkbox"/> Essay: Why should we provide you with a scholarship among other applicants? e.g. Your career goals and aspirations, achievement in your study and contribution to the community, etc. (1,000 words more or less, font size not less than 10, double-spacing, no more than two pages.)	email to <a href="mailto:scholarship@galleriasm.com">scholarship@galleriasm.com</a>
<input type="checkbox"/> Transcripts for the 2016-2017 academic years from all former and current post-secondary institutions <input type="checkbox"/> Proof of status in Canada (PR Card or Canadian citizenship certificate) <input type="checkbox"/> Two reference letters in support of your application (from principal, counsellor, teacher or any organization you volunteered/worked at.) Letters from family, friends and relatives will not be considered.	Submit <b>by mail</b> or <b>in person</b> to the customer service center of Galleria Supermarket along with each printed copy of your application form and essay.  Mailing address: <b>Galleria Supermarket Scholarship Committee</b> 865 York Mills Rd. Toronto ON M3B 1Y6

**DECLARATION**

I have read and fully understand the guideline and rules as outlined in the scholarship program and confirm that all the information in this application is true, complete and accurate.

Date of Application (YYYY/MM/DD): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Applicant:** \_\_\_\_\_ **(Signature)**

Send this form to [scholarship@galleriasm.com](mailto:scholarship@galleriasm.com)

Galleria Scholarship Committee in association with KCCM Tel: 647-494-3535 email: [scholarship@galleriasm.com](mailto:scholarship@galleriasm.com)