

SEE DAI DOO SOCIETY
Application for Educational Assistance for
University and Community College Students

APPLICATION DUE JUNE 24, 2017

Last Name	First Name	Middle Name	Chinese Name

Residence Address _____

City _____ State _____ Zip Code _____ Telephone No. () _____

Male ____ Female ____ Place of Birth _____ Birthdate _____

E-mail address _____ Hawaii Resident since _____ (year)

Have you received a SDDS Scholarship in the past? _____

If yes, list all year(s) you received a SDDS scholarship _____

INFORMATION ABOUT APPLICANT'S FAMILY

Name of your Ancestor who came from the See Dai Doo Geographical District of Zhongshan, Guangdong Province, China, and his or her Ancestral Village.

Chinese Name of Ancestor	Ancestral Village
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Father's Last Name	First and Middle Name	Father's Chinese Name	Father's Ancestral Village
Mother's Last Name	First and Middle Name	Mother's Chinese Name	Mother's Ancestral Village

Parents' Address where educational assistance is to be sent:

City _____ State _____ Zip Code _____

We, the undersigned, certify the information provided to be true and accurate, including the ancestral village.

Applicant's signature _____ Date _____

Father's signature _____ Date _____

Mother's signature _____ Date _____

ACKNOWLEDGEMENT: Applicant is responsible for obtaining and submitting all material for the completed application by the deadline. All materials submitted will be kept confidential and become the property of the See Dai Doo Society. Applicant agrees to abide by the decision of the SDDS Education Committee. Applicant further gives permission to the release of information about the award by See Dai Doo Society to be published in the SDDS newsletter and website or other media.

Applicant Signature _____ Date _____
(mm/dd/yyyy)

To applicant and the parents or guardian of the applicant: Please sign and acknowledge the following.

"I HEREBY GIVE MY PERMISSION FOR THE RELEASE OF INFORMATION ABOUT THE EDUCATIONAL AWARD BY SEE DAI DOO SOCIETY TO BE PUBLISHED IN THE SDDS NEWSLETTER AND WEBSITE OR OTHER MEDIA. I ALSO ALLOW THE SEE DAI DOO SOCIETY TO PUBLISH MY ESSAY OR EXCERPTS OF MY ESSAY IN THE SEE DAI DOO NEWSLETTER AND WEBSITE OR OTHER MEDIA."

Full name of applicant _____

Applicant's Signature _____ Date _____

Print Name(s) of Parent(s) _____

Signature(s) of Parent/Guardian if Applicant is under the age of 18. Date (mm/dd/yyyy)

PLEASE TYPE OR WRITE LEGIBLY

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High School Attended _____ Graduation Date _____ Cumulative GPA _____

College/University attending in Fall of 2017 _____

Class level: Fr. So. Jr. Sr. Cumulative GPA: _____ Credits completed _____ Tuition per year _____

Dates Semesters Begin: Fall _____ Spring _____

Academic Major _____ Credit Hrs. Fall _____ Spring _____

Expected College Graduation Date: _____ (for current college students only)

DELIVER OR MAIL ALL DOCUMENTS BEFORE JUNE 24, 2017 TO:

SEE DAI DOO SOCIETY (ATTN: SCHOLARSHIP), 1300 PALI HIGHWAY, HONOLULU, HI 96813

If you intend to deliver the application and all supporting documentation to the See Dai Doo Society, please call the Society at (808) 533-4756 for their office hours.

**** ALL PACKETS WILL NOT BE OPENED UNTIL AFTER JUNE 24, 2017 ****

SELECTION of AWARDEES:

All recipients receiving awards will be honored and introduced to the Directors at a See Dai Doo Society meeting on August 2, 2017. Recipients who are unable to attend must be represented by a parent, guardian or grandparent. If you are selected, please make every effort to attend this meeting. A letter will be sent to the awardee as well as an e-mail by July 23, 2017 with more detail.