Dr. Tae-joon Seo Memorial
Scholarship/Award Program Application Form

The need based scholarship program (Academic Year: 2024-2025)

Name: _____
Last First Middle

Social Security No: _____

Current Address: _____
City State Zip

Permanent Address: _____
City State Zip

Home Phone: _____ Cell Phone: _____

Email Address: _____
(Required, correspondence will occur via Email)

Date of Birth: _____/_____/_____ Gender: ___ Female ___ Male

References:

1. _____
Name Address Telephone

2. _____
Name Address Telephone

Radiology Technology School Information:

Name of School: _____

Address: _____
City State Zip

You must submit a statement of at least 400 words discussing your background and personal and professional goals over the next 10 years. Please attach to application. Deadline to apply is April 1st.

_____ _____
Signature Date

BAPTIST HEALTH® FOUNDATION Corbin