2023 Best Formulations "Together We Grow" App

Please read the following information before proceeding to the application.

Deadline: 11:59 PM PDT - Monday, April 3, 2023

APPLICATION CHECKLIST:

- Online Application Form
- Online Recommender Form
- High School Transcript

Please visit the site for more details on eligibility

https://www.apcf.org/best-formulations-scholarship-open

Please send the following link to your recommender:

https://apcf.wufoo.com/forms/2023-apcf-scholarship-recommender-form/

All materials must be RECEIVED by 11:59 PM PDT - Monday, April 3, 2023. Anything received (whether mailed, emailed, or faxed) past that date and time will NOT be considered, regardless of the postmark. Application and recommender forms may only be submitted online - Hard copies will NOT be accepted.

Do not mail additional materials, such as resumes, certificates, or newspaper clippings, unless requested. They will not be reviewed.

Awardees will be notified no later than June 30, 2023. The scholarship award can only be used to cover the cost of attending a university/college. This may include tuition, fees, books, supplies, living expenses, and meals. What is included in the cost of attendance varies by institution.

If you have questions or need additional information, please email scholarships@apcf.org

NOTE: You will not be able to save your form and return to it. Do not hit backspace or refresh when filling out this form.

I. APPLICANT INFORMATION	
First Name: *	Middle Initial:
Last Name: *	Maximum of 1 characters. Currently Used: 0 characters.
Date of Birth: * / / / / MM DD YYYY	
Gender: * Male	
0	

Female

Address of Primary Residence: *	
Street Address	
Address Line 2	
City	rate / Province / Region
	•
Postal / Zip Code	ountry
County: *	
	7
Phone Number: *	
### ### ####	
Please note that if we are unable to reach you in	regards to your
application, the committee will move on to the no	
We strongly recommend setting up any voicema double checking that callers are able to leave me	
Email: *	
Dans: *	Ctatura of Decidency of
Race: * American Indian / Alaska Native	Status of Residency: * O U.S. Citizen
Asian Asian	Permanent Resident of the U.S.
○ Bi/Multi-Racial	U.S. National
Black or African American	 Citizen of the Freely Associated States
○ Hispanic / Latino	Other
Native Hawaiian / Pacific Islander	
Unknown	
○ White	
Other	
Country of Birth: *	

How did you hear about the Asian Pacific Community Fund's Scholarship Programs? Check all that apply: *

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 Asian Pacific Community Fund Website 	
☐ Career Center	
Community Organization	
☐ Newspaper/TV/Radio	
School Counselor/Teacher	
Scholarship Clearinghouse (College Board, SuperCollege, etc.)	Fastweb.com,
Social Media (Facebook, Instagram, Twitter	etc.)
─ Word of Mouth	
Other	
If checked "Other," please specify:	
II. SECONDARY/HIGH SCHOOL INFORMATION	ON
High School Name: *	
City: *	
State: *	
7in Cada *	
Zip Code: *	
Date of High School Graduation or GED: *	
/ / ==	
MM DD YYYY	
Are you a high school senior entering your 1st 2023?	year of college in Fall
(If "No," please do not submit a scholarship ap	plication.) *
○ Yes ○ No	
III. COLLEGE INFORMATION	
College/University you plan to attend: *	
Major you plan to study: *	

IV. LEADERSHIP

List the 3 most significant leadership activities you have participated in, starting from the 9th grade ONLY and not before that (e.g. school clubs/organizations, student government, varsity or club sports, and religious or community groups). Describe your roles and responsibilities. Please do not use acronyms.

1. Name of Leadership Organization/Activity: *	
Highest Position Held: *	
Highest Position Start Date: *	Highest Position End Date: *
MM DD YYYY	MM DD YYYY
Brief Description of Activity: *	
Maximum of 150 words. Currently Used: 0 words.	
2. Name of Leadership Organization/Activity: *	
Highest Position Held: *	
Highest Position Start Date: *	Highest Position End Date: *
/ / /	
MM DD YYYY	MM DD YYYY
Brief Description of Activity: *	

3. Name of Leadership Organization/Activity: *

Maximum of 150 words. Currently Used: 0 words.

2/6/22, 10:51 AM	2023 Best Formulations "Together We Grow" App
Highest Position Held: *	
Highest Position Start Date: * MM DD YYYY	Highest Position End Date: * / / / Figure 1. A second control of the control of
Brief Description of Activity: *	
Maximum of 150 words. Currently Used: 0 words.	
LEADERSHIP ADVISOR	
Please provide the first and last name, email, an	d phone number of one advisor from any of the leadership
activities mentioned above.	
Advisor First Name: *	
Advisor Last Name: *	
, tavissi zasertame.	
Advisor Email: *	Advisor Phone Number: *
	### ####
What organization is this advisor associated with	1? *
V. COMMUNITY SERVICE	
List the 3 most significant community service ac	tivities you have participated in, starting from the 9th grade
ONLY and not before that (e.g. food banks, hom Describe your roles and responsibilities. Please of	eless shelters, city events, club-organized community service). do not use acronyms.
1. Name of Volunteer Organization/Activity: *	

Total Number of Community Service Hours for this Organization: *
Brief Description of Activity: *
Maximum of 150 words. Currently Used: 0 words.
2. Name of Volunteer Organization/Activity: *
Total Number of Community Service Hours for this
Organization: *
Brief Description of Activity: *
Maximum of 150 words. Currently Used: 0 words.
3. Name of Volunteer Organization/Activity: *
Total Number of Community Coming House for this
Total Number of Community Service Hours for this Organization: *
Brief Description of Activity: *

https://apcf.wufoo.com/forms/2023-best-formulations-together-we-grow-app/

Maximum of 150 words. Currently Used: 0 words.

COMMUNITY SERVICE ADVISOR/COUNSELOR	
Please provide the first and last name, email, and phone	number of one advisor or counselor from above.
Advisor First Name: *	
Advisor Last Name: *	
Advisor Email: *	Advisor Phone Number: *
	### ###
What organization is this advisor associated with? *	
VI. WORK EXPERIENCE (OPTIONAL) List your most recent work experience since the 9th grad	le ONLY (e.g. tutor, office worker, sales representative
cashier, etc.)	ie ONET (e.g. tator, office worker, saies representative,
1. Employer:	Dates of Employment (MM/YY – MM/YY):
1. Lilipioyer.	Dates of Employment (MM)/11 - MM//11).
5 M M M	
Position Held:	Total Hours Worked:
2. Employer:	Dates of Employment (MM/YY – MM/YY):
Position Held:	Total Hours Worked:
VII. FAMILY'S FINANCIAL INFORMATION If awarded the scholarship, candidates are required to su	hmit either a 2021 or 2022 tay return
in awarded the sentital stip, candidates are required to sa	billit cital a 2021 of 2022 tax retain.
Are you financially independent from your parent(s)/guar	rdian(s)? *
○ Yes ○ No	
What is the 2021 or 2022 adjusted gross income for you	
(i.e. \$20,000) Please use number from your household's	tax return. *
Number of family members living in your household: (Please use number listed on your household's tax return) *

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Does your family own any oth	er properties in addition to the current
home you reside in? *	
Yes	
○ No	
Number of family members liv (Please use number listed on y	
VIII. FAMILY'S EDUCATION I	NFORMATION
	purposes only and will not be used as criteria during the selection process.
Are you the first in your famile	y to attend college? *
○ Yes	O No
Da very have any eightings of a	and the second (didestroy displayer) *
	currently attend/did attend college? *
○ Yes	No
What is the highest level of ed	lucation completed by your
Mother/Guardian? *	
No formal schooling	Less than high school
High school degree	Associate's degree
O Bachelor's degree	 Graduate/professional degree
○ Unknown	
	est level of education completed by your
Mother/Guardian? *	
What is the highest level of ed	ducation completed by your
Father/Guardian? *	
 No formal schooling 	Less than high school
 High school degree 	○ Associate's degree
○ Bachelor's degree	 Graduate/professional degree
○ Unknown	
In what country was the highe	est level of education completed by your
Father/Guardian? *	

IX. ESSAY

. In 500 words or less, describe your four core values. Provide examples of how you live and share these core values. How will a scholarship help ou perpetuate your core values? *
Maximum of 500 words. Currently Used: 0 words.
C. TRANSCRIPT
ou must submit a copy of your most recent high school transcript that includes the first quarter/semester of
our freshman year through the first quarter/semester of your senior year with your application. Minimum inweighted cumulative GPA is 3.2.
ou can upload a copy electronically. Electronic files must be uploaded as a PDF. File names should be ormatted as follows: "[First Name] [Last Name] Transcript.pdf"
or example, a PDF file of Anna Lee's transcript should be named: "Anna Lee Transcript.pdf"
Jpload Your Transcript *
Choose File No file chosen
Please include your cumulative unweighted GPA here: *

XI. CERTIFICATION

I certify that to the best of my knowledge, information on this application is complete and accurate. I understand that any falsification of any information may cause my disqualification from the scholarship selection or revocation if a scholarship has been granted, at the Asian Pacific Community Fund's sole discretion. I understand it is my responsibility to make sure this application is complete and submitted by the deadline listed on the application. Furthermore, I understand that if my application is not complete, or if I or any Recommender does not submit my application by the deadline, I may be disqualified from the scholarship competition and may not be considered for a scholarship. This application, upon receipt, becomes the property of the Asian Pacific Community Fund, and I understand and agree that the Asian Pacific Community Fund may use for any purpose and disclose in any medium determined by the Asian Pacific Community Fund in its sole discretion any of the information contained in this application. I hereby give my consent to the Asian Pacific

Date *

Community Fund to disclose information on my application (including personally identifiable information) to the sponsor of the scholarships and to contact me at any time regarding the scholarship.

To comply with the provisions of the Family Educational Rights and Privacy Act of 1974, I hereby give permission for school officials to release my secondary school record and other requested information, if necessary.

Applicant Signature:

(Typing your name in the box constitutes your signature.) *

