Dear Applicant,

The Korean American Grocers Association of Maryland (KAGRO) is a nonprofit organization that offers support and services to Korean-owned small businesses in Maryland.  KAGRO values both community building and education. As such, KAGRO has been providing student scholarships to members of the Korean community in Maryland, as well as Baltimore City residents, for the past 28 years.

Winners will be contacted to join us for KAGRO’s Annual Scholarship Banquet to receive the scholarship award.  The banquet will be held on TBD, located TBD

**To be eligible for a KAGRO scholarship, an applicant must:**

* Be a current high school student, undergraduate, or a graduate student earning a minimum 3.0 GPA.
* Be able to attend the KAGRO’s Annual Scholarship Banquet.
* Be a first-time applicant.

**Required documents are:**

* Scholarship application
* Transcript record from your current academic institution.
* An essay with a minimum of 500 words, explaining

‘How important our small businesses to your community'

* The essay may be written in Korean or English.

**Please submit all documents by March 3, 2023**

Mailing address: KAGRO of Maryland

3270 Saint Johns Ln

Ellicott City, MD 21042

Contact number: Office (410) 244-5802

E-mail: kagromd@gmail.com    Website: kagromd.com

**KAGRO of Maryland Scholarship Application**

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a legal resident in USA?  Yes\_\_\_\_\_\_ No\_\_\_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_