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KAWA Phlebotomist Scholarship Application

1. Application Information

Date	First Name	Middle Name	Last Name
Address			
City	State	Zip Code	Date of Birth
Total House Income	U.S. Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO	Permanent Resident <input type="checkbox"/> YES <input type="checkbox"/> NO	
E-mail		Cell Phone Number	
Emergency Contact Person		Emergency Phone Number	

2. Work Experiences, Volunteering & Awards

Please list the current and prior working experiences and volunteer works. Also, list special awards you received since high school graduation. Provide organization names, activities performed, and length of the involvement and hours of commitment.

Please use a separate sheet of paper for additional space.

Employment or Volunteer/ Organization	Period	Total Hours