

Application of Korean War Veterans Legacy Students Visiting Program

Applicant's Name:

First Name, Last Name

Mailing Address:

Street Address

City/State/Zip Code

Email:

Phone Number:

_____ (Home) _____ (Cell)

Current Status:

Undergraduate Course Master's Course Ph.D Course

Expected Graduation Year: _____

Name of Korean War Veterans:

First Name, Last Name

National KWWA Membership Number: _____

Relationship to Applicant: _____

College or University:

Name of the Institute

Years Attended

Address

Major (& Minor if applicable) with Specialty