

**JAPANESE AMERICAN CITIZEN LEAGUE**  
**Sonoma County Chapter**  
**2017 Undergraduate Scholarship (Freshman)**

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James Murakami Memorial Scholarship (\$3,000.)

- Overall GPA Average: 3.8

Sonoma County JACL Memorial Scholarship (\$1,500.)  
 (\$1,000.)

- Overall GPA Average 3.0

Sonoma County JACL Student Grant (\$1,000.)

Frank Oda Memorial Scholarship (\$1,500.)

- Overall GPA Average 3.5

Petaluma Japanese Sunday School Scholarship-2

Undergraduate Scholarship-*Healthcare Emphasis*  
 (\$500.)

\*\* Awardees will qualify for only one scholarship

1. Name:
2. Address:
3. Telephone:
4. Email:
5. US Citizen: Yes    No
6. JACL Member for 1 year:    Parent        Student
7. Sonoma County Chapter Member? Yes        No    If no, other current JACL affiliation?
8. High School Attending:
9. Rank/Students in Class:
10. Parent's Name(s):
11. Weighted GPA
12. SAT Scores:    ____/____/____
13. ACT Score (optional)
14. Official Transcript: Attach official transcript; signed by the appropriate school official and sealed by the school.
15. Scholastic Honors: Please list academic awards received in high school, if award is unique to your school and year received.
16. High School Activities/Work History: List all campus and work activities, semester and year of activity, number of participating semesters, positions held, and any awards received.
17. Community Involvement: List all community and Asian-American community activities and/or involvement, years of activity, number of semesters (if applicable), positions held, and any awards received. List any specific involvement with JACL activities.
18. College/University/Vocational/Technical Schools: List in order of preference the institutions you have applied for the 2017-2018 academic year: 1. 2. 3. > <i>Intended Major or Field of Study:</i>

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19. Personal Statement: Not exceeding 250 words, why you selected your major, the colleges you have applied to, and your view of yourself and the world in which you live. Please emphasize your Japanese ancestry and/or our connection with the Asian/Japanese American community and how it has affected/impacted who you are as well as your personal goals.  
Please fill in here:

20. Letters of Recommendation: Two letters of recommendation. We recommend one from a school district employee and other from some in the greater community such as an employer, clergy or community leader. DO NOT have your letters sent under a separate cover  
a. Name/Position/Phone Number:  
b. Name/Position/Phone Number:

21. Photocopies: Submit the original application plus one (1) photocopy of the completed application with ALL supporting documentation. Your application will be considered incomplete without his photocopy. This excludes the official transcript and letters of recommendation.

22. Postcard (optional) If you enclose a pre-stamped, self-addressed postcard, it will be returned to you as verification that your application has been received. Check if you would prefer email .

23. Agreement: I have read and fully understand the eligibility requirements and information requested for the Sonoma county JACL Undergraduate Scholarship program. I have completed the application accurately and to the best of my knowledge. I fully understand that misrepresentation of the information contained in this application may revoke any rights to an award. I also understand that the verification of at least full-time enrollment, (12 unit minimum) will be required if I receive an award and if for some reason, I do not matriculate at a post-secondary school and do not qualify for a scholarship as stipulated, I will forfeit any right to an award.

**24. Signature of Applicant:**  
**Date:**

25. All information and supporting documents **MUST BE COMPLETED** in order for your application to be considered. All materials must be postmarked no later than **Wednesday, March 1, 2017.**

- Send to:  
Sonoma County JACL Scholarship Committee  
C/O Ken Ishizu  
515 Petaluma Avenue  
Sebastopol, CA 95472

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26. If applying to the *Sonoma County JACL Student Grant*, it will be required to fill out the following (this information will remain confidential):

1. Please list all anticipated college expenses for a 1 year period:
  - a.
2. List all anticipated financial resources for a 1 year period
3. a.
4. Number of siblings attending college:
  - a.
5. Schools attended by siblings:
  - a.

\*Financial need may be criteria for scholarship determination (in case of a tie). If financial need is a concern, please also attach an additional statement explaining your special circumstances.