

JAPANESE AMERICAN CITIZEN LEAGUE

Sonoma County Chapter

2018 Graduate Scholarship *Renewal*: Faye Uyeda Memorial Healthcare Scholarship

1. Name:
2. Address:
3. Telephone:
4. Email:
5. US Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>
6. JACL Member for 1 year: Parent <input type="checkbox"/> Student <input type="checkbox"/> Grandparent <input type="checkbox"/>
7. Sonoma County Chapter Member? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, other current JACL affiliation?
8. Parent's / (Grandparent's) Name(s):
9. Graduate Major:
10. College/University attending:
11. Current overall GPA:
12. Official Transcript: Attach official transcript; signed by the appropriate school official and sealed by the school.
13. Agreement: I have read and fully understand the eligibility requirements and information requested for the Faye Uyeda Memorial Healthcare Scholarship (renewal) 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 and proof of overall GPA 3.0 or greater OR in case of pass/fail grading system, then verification of overall 'pass' grade. If I receive an award and if for some reason do not qualify for a scholarship as stipulated, I will forfeit any right to an award.
14. Signature of Applicant: Date:
15. All information and supporting documents MUST BE COMPLETED in order for your application to be considered. All materials must be postmarked no later than <u>Tuesday, May 1, 2018.</u> <ul style="list-style-type: none">• Send to: Sonoma County JACL Scholarship Committee Faye Uyeda Scholarships C/O Ken Ishizu 515 Petaluma Avenue Sebastopol, CA 95472