

JAPANESE AMERICAN CITIZEN LEAGUE

Sonoma County Chapter

2018 Graduate Scholarship: 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. SSN: May be requested at a later date for tax purposes.
10. Undergraduate Major, year graduated and college/university attended:
11. Undergraduate overall GPA:
12. Official Transcript: Attach official transcript; signed by the appropriate school official and sealed by the school.
13. Scholastic Honors: Please list academic awards received in college; if the award is unique to your college and year received.
14. College Activities/Work History: List all campus and work activities, semester/quarter/year of activity, number of participating semesters/quarters positions held.
15. Community Involvement and any Internships; where and total hours completed.
16. College/University: List in order of preference the institutions you have applied for the 2018-2019 academic year: 1. 2. 3.
17. Personal Statement: Not exceeding 250 words, why you select this healthcare field and how this field can make a difference for individuals and the community. Please fill in here:
18. Letters of Recommendation: Two letters of recommendation. From a teacher/professor; 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:
19. Photocopies: Submit the original application plus one (1) photocopy of the completed application with ALL supporting documentation. Your application will be considered incomplete without this photocopy. This excludes the official transcript and letters of recommendation.
20. 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 <input type="checkbox"/> .
21. Agreement: I have read and fully understand the eligibility requirements and information requested for the Faye Uyeda Memorial Graduate Healthcare 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 do not qualify for a scholarship as stipulated, I will forfeit any right to an award.
22. Signature of Applicant: _____ Date: _____
23. All information and supporting documents MUST BE COMPLETED in order for your application to be considered. All materials must be postmarked no later than Tuesday, May 1, 2018.

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