

2012 APPLICATION
for
FRANK ODA MEMORIAL SCHOLARSHIP
SONOMA COUNTY JACL STUDENT GRANT
SONOMA COUNTY JACL MEMORIAL SCHOLARSHIP
PETALUMA JAPANESE SUNDAY SCHOOL SCHOLARSHIPS (3)

A.) PERSONAL INFORMATION (please type/print entire application):

Name: _____ U.S. Citizen? ___ Yes ___ No
Address: _____ JACL Member? ___ Parent ___ Applicant
_____ JACL Chapter _____
Telephone: _____ High School _____
Social Security Number: _____ Rank/Students in Class: _____ / _____
Parents Name(s) _____
GPA (4.0 scale) _____ SAT scores _____ / _____
Math / Verbal

B.) OFFICIAL TRANSCRIPTS: Please attach official high school transcripts signed by the appropriate school official.

Please provide the information for Sections C, D and E on a separate sheet of paper.

C.) SCHOLASTIC HONORS: Please list academic awards received in high school with an explanation if the award is unique to your school. Please list the year in which you received the award(s).

D.) HIGH SCHOOL ACTIVITIES/WORK HISTORY: Please list all campus and work activities, semester and year of activity, number of participating semesters, positions held, and any awards received.

E.) COMMUNITY INVOLVEMENT: Please 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.

F.) COLLEGE/UNIVERSITY/VOCATIONAL/TECHNICAL SCHOOLS: List in order of preference the institutions you have applied to for admission for the 2012 - 2013 academic year.
(1) _____ (2) _____ (3) _____
Intended Major or Field of Study _____

G.) VOLUNTARY FINANCIAL INFORMATION

(This information will remain confidential)

Please list all anticipated college expenses for a 1-year period.

Tuition \$ _____ Transportation: \$ _____
Room/Board \$ _____ Special Fees \$ _____
Books/Supplies \$ _____ Miscellaneous \$ _____

TOTAL EXPENSES: \$ _____

Please list all anticipated financial resources for a 1-year period.

Parents \$ _____ Student Loans \$ _____

Grants \$ _____ Scholarships \$ _____

Personal Savings \$ _____ Other \$ _____

TOTAL RESOURCES: \$ _____

Number of siblings attending college: _____

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

H.) PERSONAL STATEMENT: Please submit a personal statement, not exceeding 250 words, typed and double-spaced and with your name in the upper right-hand corner. This account should reflect your personality, why you have selected your major, why you desire to attend the college(s) you have applied to, and your view of yourself and the world in which you live. Please emphasize your Japanese ancestry and/or your connection with the Asian/Japanese American community and how it has affected/impacted who you are as well as your personal goals.

I.) LETTER OF REFERENCE: Please include ONE letter of reference from a teacher, counselor, school administrator, employer, community leader, or religious leader. DO NOT have your letter of reference sent under separate cover.

Name & Position: _____

Telephone Number: _____

J.) PHOTOCOPIES: Please submit the original plus five (5) photocopies of the completed application with ALL supporting documents. Your application will be considered incomplete without these five photocopies.

K.) POSTCARD (optional) If you choose to submit the enclosed pre-stamped, self-addressed postcard, it will be returned to you as verification that your application has been received.

L.) AGREEMENT: I have read and fully understand the eligibility requirements and information requested for the Sonoma County JACL Student Grant, Petaluma Japanese Sunday School Scholarships, Sonoma County JACL Memorial Scholarship, and the Frank Oda Memorial Scholarship and completed the application honestly and to the best of my knowledge. I fully understand that any misrepresentation of the information contained in this application may revoke any rights to an award. I also understand that the verification of at least half-time enrollment 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.

Signature of applicant: _____ **Date:** _____

All information and supporting documents MUST BE COMPLETE in order for your application to be considered. All materials **must be post-marked no later than March 18, 2012.** Send to SONOMA COUNTY JACL SCHOLARSHIP COMMITTEE, c/o MICHAEL BRYANT, 1573 YARDLEY ST., SANTA ROSA, CA 95403. If you have questions, please call MICHAEL BRYANT at (707) 579-1429.