

SCHOLARSHIP APPLICATION TWIN CITIES CHAPTER JAACL

(DEADLINE FOR SUBMITTAL: **MONDAY, APRIL 1, 2019**)

STUDENT INFORMATION:

NAME:	AGE:
ADDRESS:	TELEPHONE:
E-MAIL ADDRESS:	
PARENTS NAMES:	
RELATIVES THAT ARE JAACL MEMBERS:	
ARE YOU A CURRENT JAACL MEMBER? (STUDENT MEMBERSHIP OR PARENT FAMILY LEVEL MEMBERSHIP REQUIRED)	

HIGH SCHOOL INFORMATION:

HIGH SCHOOL:	NUMBER OF YEARS ATTENDED:
HIGH SCHOOL COUNSELOR:	
HIGH SCHOOL ADDRESS:	
CLASS RANK / TOTAL STUDENTS:	
CUMULATIVE GPA / SCALE:	
ACT SCORES / TEST DATE:	
SAT SCORES / TEST DATE:	

HONORS RECEIVED IN SCHOOL (VALEDICTORIAN, HONOR SOCIETY, SCHOOL OFFICES HELD, ETC.):

DESCRIPTION:

CIRCLE YEARS RECEIVED:

	9 10 11 12
	9 10 11 12
	9 10 11 12
	9 10 11 12
	9 10 11 12
	9 10 11 12
	9 10 11 12

EXTRA-CURRICULAR ACTIVITIES IN SCHOOL (SPORTS, MUSIC, CLUBS, ETC. PLEASE NOTE OFFICES HELD OR CAPTAINCY):

DESCRIPTION:

YEARS PARTICIPATED:

	9 10 11 12
	9 10 11 12
	9 10 11 12
	9 10 11 12
	9 10 11 12
	9 10 11 12
	9 10 11 12

JAPANESE AMERICAN CITIZENS LEAGUE VOLUNTEER ACTIVITIES (PLEASE NOTE ANY OFFICES HELD.):

DESCRIPTION:

YEARS PARTICIPATED:

	9 10 11 12
	9 10 11 12
	9 10 11 12
	9 10 11 12
	9 10 11 12
	9 10 11 12

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OTHER NOTABLE ACTIVITIES OUTSIDE OF SCHOOL (CHURCH, COMMUNITY, HOBBIES, PART TIME JOBS ETC. PLEASE NOTE ANY OFFICES HELD.):
 DESCRIPTION: YEARS PARTICIPATED:

	9	10	11	12
	9	10	11	12
	9	10	11	12
	9	10	11	12
	9	10	11	12
	9	10	11	12
	9	10	11	12

PLANS FOR NEXT YEAR (INCLUDE POSSIBLE FIELD OF STUDY):

YOUNGER SIBLINGS:

NAME: YEAR GRADUATING:

SCHOLARSHIP APPLICATION INSTRUCTIONS:

- IF NOT A CURRENT JA CL MEMBER, COMPLETE MEMBERSHIP APPLICATION. (SCHOLARSHIP APPLICANT MUST BE A CURRENT JA CL MEMBER. FAMILY LEVEL MEMBERSHIP UNDER PARENT NAME IS ACCEPTABLE. IF YOU HAVE A QUESTION REGARDING YOUR CURRENT MEMBERSHIP LEVEL, PLEASE CONTACT INFO@TCJA CL.ORG. MEMBERSHIP APPLICATIONS CAN BE FOUND AT WWW.TCJA CL.ORG)
- COMPLETE SCHOLARSHIP APPLICATION FORM.
- WRITE SHORT ESSAY (APPROXIMATELY 500 WORDS) ON "THE RELEVANCE OF JA CL TODAY"

ESSAY MUST BE SIGNED.

EACH PAGE MUST HAVE:

- ONE INCH MARGIN (TOP, BOTTOM, AND BOTH SIDES)
- STUDENT'S NAME
- PAGE NUMBER

IF HANDWRITTEN, USE BLACK INK.

YOU ARE ENCOURAGED TO SEEK OUT FAMILY MEMBERS OR VISIT JA CL.ORG AS YOU RESEARCH YOUR ESSAY.

- HAVE YOUR SENIOR COUNSELOR SEND YOUR TRANSCRIPT OF GRADES TO:
 JA CL SCHOLARSHIP
 C/O PAM DAGOBERG
 4365 KINGSVIEW LANE
 PLYMOUTH, MN 55446

SUBMIT ESSAY, SCHOLARSHIP APPLICATION, AND TRANSCRIPT (AND MEMBERSHIP APPLICATION, IF APPLICABLE) TO THE ABOVE ADDRESS POSTMARKED BY **MONDAY, APRIL 1, 2019.**

- I WISH TO APPLY FOR THE TWIN CITIES JA CL SERVICE SCHOLARSHIP (IF CHECKED, YOU WILL BE CONSIDERED FOR THIS AWARD. YOU WILL REMAIN ELIGIBLE FOR OTHER AWARDS IF YOU ARE NOT SELECTED.)
- YOU HAVE MY PERMISSION TO PUBLISH MY ESSAY IN THE RICE PAPER NEWSLETTER (YOUR DECISION WILL NOT IMPACT AWARD SELECTION)

SIGNATURE OF APPLICANT

DATE

(SIGNATURE INDICATES APPROVAL TO RELEASE INFORMATION TO THE SCHOLARSHIP COMMITTEE FOR REVIEW AND CONSIDERATION)