SCHOLARSHIP APPLICATION TWIN CITIES CHAPTER JACL

(DEADLINE FOR SUBMITTAL: WEDNESDAY, APRIL 1, 2020)		
STUDENT INFORMATION:	AGE:	
NAME:		
ADDRESS:	TELEPHONE:	
E-MAIL ADDRESS:		
Parents names:		
RELATIVES THAT ARE JACL MEMBERS:		
ARE YOU A CURRENT JACL MEMBER? (STUDENT MEMBERSHIP OR PAREN	IT FAMILY LEVEL MEMBERSHIP REQUIRED)	
HIGH SCHOOL INFORMATION:	Niverse of Vales Array Page	
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, SCHODESCRIPTION: EXTRA-CURRICULAR ACTIVITIES IN SCHOOL (SPORTS, MUSIC, CLUBS, ETC. FDESCRIPTION:	CIRCLE YEARS RECEIVED: 9 10 11 12 9	
	9 10 11 12	
	9 10 11 12	
Japanese American Citizens League volunteer activities (Please No Description:	YEARS PARTICIPATED:	
	9 10 11 12	
	9 10 11 12	
	9 10 11 12	
	9 10 11 12	
	0 10 11 10	

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9 10 11 12

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

VEARS 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:	
Younger Siblings: Name:	YEAR GRADUATING:
	YEAR GRADUATING:
	YEAR GRADUATING:
	YEAR GRADUATING:

SCHOLARSHIP APPLICATION INSTRUCTIONS:

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

4. HAVE YOUR SENIOR COUNSELOR SEND YOUR TRANSCRIPT OF GRADES TO:

JACL 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 WEDNESDAY, APRIL 1, 2020.

I WISH TO APPLY FOR THE TWIN CITIES JACL 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

 $\hbox{(Signature indicates approval to release information to the scholarship committee for review and consideration)}$

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