

**SCHOLARSHIP APPLICATION
TWIN CITIES CHAPTER JACL**

(DEADLINE FOR SUBMITTAL: **FRIDAY, APRIL 3, 2026**)

STUDENT INFORMATION:

NAME:	AGE:
ADDRESS:	TELEPHONE:
E-MAIL ADDRESS:	
PARENTS NAMES:	
RELATIVES THAT ARE JACL MEMBERS:	
ARE YOU A CURRENT JACL 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:

CHECK YEARS RECEIVED:

	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
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EXTRA-CURRICULAR ACTIVITIES IN SCHOOL (SPORTS, MUSIC, CLUBS, ETC. PLEASE NOTE OFFICES HELD OR CAPTAINCY):

DESCRIPTION:

YEARS PARTICIPATED:

	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
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SCHOLARSHIP APPLICATION - TWIN CITIES CHAPTER JACL

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

DESCRIPTION:

YEARS PARTICIPATED:

	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12

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

DESCRIPTION:

YEARS PARTICIPATED:

	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12

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

YOUNGER SIBLINGS:

NAME:

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
 - IF, FOR FINANCIAL REASONS, YOU WOULD LIKE TO BE CONSIDERED FOR A ONE-TIME MEMBERSHIP GRANT, PLEASE CONTACT SCHOLARSHIP@TCJACL.ORG BEFORE SUBMITTING YOUR APPLICATION
2. COMPLETE SCHOLARSHIP APPLICATION FORM.
3. WRITE SHORT ESSAY (APPROXIMATELY 500 WORDS) TITLED "HOW JACL HAS AFFECTED MY LIFE OR THE LIVES OF PEOPLE I KNOW"

THE JACL SERVES INDIVIDUALS AND FAMILIES IN MANY WAYS. IN YOUR ESSAY, EXPLAIN HOW JACL HAS AFFECTED YOU, OR HOW YOU HAVE DIRECTLY OBSERVED JACL AFFECT A FAMILY MEMBER, OR SOMEONE YOU KNOW IN THE COMMUNITY. USE SPECIFIC EXAMPLES AND PERSONAL OBSERVATIONS TO EXPLAIN WHY THIS EXPERIENCE IS MEANINGFUL TO YOU. YOUR ESSAY SHOULD FOCUS ON REAL PEOPLE AND REAL EXPERIENCES RATHER THAN BROAD OR ACADEMIC DESCRIPTIONS OF THE HISTORY OR MISSION OF THE JACL.

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.

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

JACL SCHOLARSHIP
C/O PAM DAGOBERT
4365 KINGSVIEW LANE
PLYMOUTH, MN 55446

SUBMIT ESSAY, SCHOLARSHIP APPLICATION, AND TRANSCRIPT (AND MEMBERSHIP APPLICATION, IF APPLICABLE) TO THE ABOVE ADDRESS POSTMARKED BY **FRIDAY, APRIL 3, 2026**.

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

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

DATE