

JAPANESE AMERICAN CITIZEN LEAGUE  
Sonoma County Chapter  
2024 Graduate Scholarship *Renewal*:  
Faye Uyeda Memorial Healthcare Scholarship

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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. Submission of Application: Submit the original application with ALL supporting documentation. All applications must be complete at the time of submission and meet the stated deadlines in order to be considered. Materials may not be submitted separately.
8. Graduate Major:
9. College/University attending:
10. Current overall GPA:
11. Official Transcript: Attach official transcript; signed by the appropriate school official and sealed by the school.
12. Agreement: I have read and fully understand the eligibility requirements and information requested for the Faye Uyeda Memorial Healthcare Scholarship (renewal) 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 and proof of overall GPA 3.0 or greater OR in case of pass/fail grading system, then verification of overall 'pass' grade. 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.
<b>13. Signature of Applicant:</b> <span style="float: right;"><b>Date:</b></span>
14. All information and supporting documents MUST BE COMPLETED in order for your application to be considered. All materials must be postmarked no later than <b><u>Saturday, May 1, 2024.</u></b> <ul style="list-style-type: none"><li>● Send to:  Sonoma County JACL Scholarship Committee Faye Uyeda Scholarships C/O Janet Tajii 515 Petaluma Avenue</li></ul>

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Sebastopol, CA 95472
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