

JAPANESE AMERICAN CITIZEN LEAGUE

Sonoma County Chapter

2024 Graduate Scholarship: Faye Uyeda Memorial Healthcare Scholarship

1. Name:
2. Address:
3. Telephone:
4. Email:
5. Current Sonoma County JACL Member (applicant, parent, or grandparent) Name of member: _____ Relationship to Applicant: _____
6. Undergraduate Major, year graduated and college/university attended:
7. Undergraduate overall GPA:
8. Official Transcript: Attach official transcript; signed by the appropriate school official and sealed by the school.
9. Scholastic Honors: Please list academic awards received in college; indicate if the award is unique to your college and year received.
10. College Activities/Work History: List all campus and work activities, semester/quarter/year of activity, number of participating semesters/quarters positions held.
11. Community Involvement and any Internships; where and total hours completed.
12. College/University: List in order of preference the institutions you have applied for the 2024-2025 academic year: 1. 2. 3.
13. Personal Statement: Not exceeding 250 words, why you select this healthcare field and how this field can make a difference for individuals and the community. Please fill in here:
14. Letters of Recommendation: Two letters of recommendation. From a teacher/professor; the greater community such as an employer, clergy or community leader. DO NOT have your letters sent under a separate cover a. Name/Position/Phone Number: b. Name/Position/Phone Number:

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15. 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.

16. Agreement: I have read and fully understand the eligibility requirements and information requested for the Faye Uyeda Memorial Graduate Healthcare Scholarship 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 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.

17. Signature of Applicant:

Date:

18. All information and supporting documents **MUST BE COMPLETED** in order for your application to be considered. All materials must be postmarked no later than **May 1, 2024**. You will receive an email confirming that your application has been received.

- Send to:

Sonoma County JAACL Scholarship Committee
C/O Janet Tajii
515 Petaluma Avenue
Sebastopol, CA 95472