Please use this form for ALL Incoming College Freshman Scholarship programs. Each applicant will be awarded no more than one scholarship.

| 1. Name:
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| 1. Address:
 |
| 1. Telephone:
 |
| 1. Email:
 |
| 1. Current Sonoma County JACL Member (applicant, parent, or grandparent)

Name of member: Relationship to Applicant:  |
| 1. High School Attending:
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| 1. Are you of Japanese ancestry? (required for a few of our scholarships) ☐ Yes ☐ No
 |
| 1. Official Transcript: Attach official transcript; signed by the appropriate school official and sealed by the school.
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| 1. Scholastic Honors: Please list academic awards received in high school. Please note if the award is unique to your school and year received.
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| 1. High School Activities/Work History: List all campus and work activities, semester and year of activity, number of participating semesters, positions held, and any awards received.
 |
| 1. Community Involvement: List all community and Asian-American community activities and/or involvement, years of activity, number of semesters (if applicable), positions held, and any awards received. List any specific involvement with JACL activities.
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| 1. College/University/Vocational/Technical Schools: List in order of preference the institutions you have applied for the 2025-2026 academic year:

1.2.3.*Intended Major or Field of Study:* |
| 1. Personal Statement: Not to exceed 250 words. Explain why you selected your major, the colleges you have applied to, and your view of yourself and the world in which you live. Please emphasize your connection with the Asian/Japanese American community and/or Japanese ancestry and how it has affected/impacted who you are as well as your personal goals.

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| 1. Letters of Recommendation: Two letters of recommendation. We recommend one from a school district employee and the other from someone in the greater community such as an employer, clergy or community leader. DO NOT have your letters sent under a separate cover
2. Name/Position/Phone Number:
3. Name/Position/Phone Number:
 |
| 1. 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.
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| 1. Agreement: I have read and fully understand the eligibility requirements and information requested for the Sonoma County JACL Undergraduate 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, I do not matriculate at a post-secondary school and do not qualify for a scholarship as stipulated, I will forfeit any right to an award.
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| 1. **Signature of Applicant: Date:**
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| 1. All information and supporting documents MUST BE COMPLETED in order for your application to be considered. All materials must be postmarked no later than **March 14, 2025**. You will receive an email confirming receipt of your application.

Send to: Sonoma County JACL Scholarship Committee C/O Janet Tajii 515 Petaluma Avenue Sebastopol, CA 95472 |
| 1. If applying to the *Sonoma County JACL Student Grant*, it will be required to fill out the following (this information will remain confidential):
2. Please list all anticipated college expenses for a 1 year period:
3. List all anticipated financial resources for a 1 year period:
4. Number of siblings attending college:
5. Schools attended by siblings:
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