This is a one-time upper division scholarship available to JACL members for assistance with expenses for their junior or senior year of college.

| 1. Name: |
| --- |
| 1. Address: |
| 1. Telephone: |
| 1. Email: |
| 1. Current Sonoma County JACL membership required (student, parent, grandparents)     Name of member: ☐ Student ☐ Parent ☐ Grandparent |
| 1. College Attending: |
| 1. Official Transcript: Attach official transcript; signed by the appropriate school official and sealed by the school. |
| 1. Scholastic Honors: Please list academic awards received. |
| 1. College 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. |
| 1. College/University/Vocational/Technical Schools: List in order of preference the institutions you have applied for the 2025-26 academic year:   1.  2.  3.  ⮚ *Intended Major or Field of Study:* |
| 1. Personal Statement: Not exceeding 250 words, 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 Japanese ancestry and/or our connection with the Asian/Japanese American community and how it has affected/impacted who you are as well as your personal goals. |
| 1. Letters of Recommendation: Two letters of recommendation. We recommend one from a school district employee and other from some 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. Photocopies: Submit the original application plus one (1) photocopy of the completed application with ALL supporting documentation. Your application will be considered incomplete without this photocopy. This excludes the official transcript and letters of recommendation. |
| 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. |
| 1. ***Signature of Applicant: Date:*** |
| 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 verifying that your application has been received.  * Send to:   Sonoma County JACL Scholarship Committee  C/O Janet Tajii  515 Petaluma Avenue  Sebastopol, CA 95472 |