

SCHOLARSHIP APPLICATION TWIN CITIES CHAPTER JA CL

(DEADLINE FOR SUBMITTAL: **WEDNESDAY, APRIL 2, 2025**)

STUDENT INFORMATION:

NAME:	AGE:
ADDRESS:	TELEPHONE:
E-MAIL ADDRESS:	
PARENTS NAMES:	
RELATIVES THAT ARE JA CL MEMBERS:	
ARE YOU A CURRENT JA CL 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
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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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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
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	<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:
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	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
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PLANS FOR NEXT YEAR (INCLUDE POSSIBLE FIELD OF STUDY):

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YOUNGER SIBLINGS:

NAME:	YEAR GRADUATING:

SCHOLARSHIP APPLICATION INSTRUCTIONS:

1. IF NOT A CURRENT JA CL MEMBER, COMPLETE MEMBERSHIP APPLICATION.
 - SCHOLARSHIP APPLICANT MUST BE A CURRENT JA CL MEMBER. FAMILY LEVEL MEMBERSHIP UNDER PARENT NAME IS ACCEPTABLE.
 - o IF YOU HAVE A QUESTION REGARDING YOUR CURRENT MEMBERSHIP LEVEL, PLEASE CONTACT INFO@TCJA CL.ORG.
 - MEMBERSHIP APPLICATIONS CAN BE FOUND AT WWW.TCJA CL.ORG
 - o IF, FOR FINANCIAL REASONS, YOU WOULD LIKE TO BE CONSIDERED FOR A ONE-TIME MEMBERSHIP GRANT, PLEASE CONTACT SCHOLARSHIP@TCJA CL.ORG BEFORE SUBMITTING YOUR APPLICATION

2. COMPLETE SCHOLARSHIP APPLICATION FORM.
3. WRITE SHORT ESSAY (APPROXIMATELY 500 WORDS) ON "THE RELEVANCE OF JA CL TODAY"

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.

YOU ARE ENCOURAGED TO SEEK OUT FAMILY MEMBERS OR VISIT JA CL.ORG AS YOU RESEARCH YOUR ESSAY.

4. HAVE YOUR SENIOR COUNSELOR SEND YOUR TRANSCRIPT OF GRADES TO:
JA CL SCHOLARSHIP
C/O PAM DAGOBERG
4365 KINGSVIEW LANE
PLYMOUTH, MN 55446

SUBMIT ESSAY, SCHOLARSHIP APPLICATION, AND TRANSCRIPT (AND MEMBERSHIP APPLICATION, IF APPLICABLE) TO THE ABOVE ADDRESS POSTMARKED BY **WEDNESDAY, APRIL 2, 2025**.

I WISH TO APPLY FOR THE TWIN CITIES JA CL 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

DATE

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