

## San Gabriel Valley Chapter – Japanese American Citizens League (JACL) SCHOLARSHIP PROGRAM Upper Division Undergraduate and Postgraduate Application

Name:			
(Last)	(First)	(Mi	ddle)
Mailing/Contact Address:	(Street)	(City)	(Zip)
Birthdate:	Contact Ph	one: ( )	
Marital Status: ☐ Single ☐	Married □ Other		☐ Male ☐ Female
Member/or parent(s) members of	of □ JACL and/or □	ESGVJCC.	
Educational Status:   Upper D	Division Undergraduate	☐ Gradua	te
Undergraduate Students: Cum  Major Field of Study:			A last semester
Graduate Students: Last degree			A
Major Field of Study			
If you receive full or partial fina dependent(s)/persons in the fam:	**		* * *
Name		Age	Relationship
1			
2			
(Use another sheet if near	cessary)		
List persons in the family group	for whom you provide	full or partial su	pport:
Name		Age	Relationship
1			
2. (Use another sheet if nec			
(Use another sheet if nec	essary)		

## SGVJACL / ESGVJCC SCHOLARSHIP PROGRAM FINANCIAL NEED STATEMENT FORM

E/UNIVERSITY	Alat Ma	[] Quarter System	[] Semester	
INCOME: FUN	IDS AVAILABLE	(ESTIMATED)		
Financial Support from	Parents and/or Spouse	inne i nicom		
Savings Available for			_	
Earnings			_	
Social Security Benefit Educational Loans	IS (if applicable)		=	
	irants for which you have applied	(* those confirmed)	_	
			_	
			_	
		****	_	
Other Sources of Incom	me			
			_	
			-	
			_	
	ESTIMATED TOTAL INCOME		\$	
EXPENSES	ESTIMATED TOTAL INCOME	(ESTIMATED)	\$	
EXPENSES	ESTIMATED TOTAL INCOME  Term I	(ESTIMATED) Term II	\$Term III	Total
EXPENSES Tuition/Fees				Total
Tuition/Fees Room/Board				Total
Tuition / Fees Room / Board Books / Supplies				Total
Tuition / Fees Room / Board Books / Supplies Clothes / Laundry				Total
Tuition / Fees Room / Board Books / Supplies Clothes / Laundry Transportation				Total
Tuition/Fees Room/Board				Total
Tuition / Fees Room / Board Books / Supplies Clothes / Laundry Transportation				Total
Tuition/Fees Room/Board Books/Supplies Clothes/Laundry Transportation Medical				Total
Tuition/Fees Room/Board Books/Supplies Clothes/Laundry Transportation Medical				Total

## PERSONAL STATEMENT OF SUPPORT FOR FINANCIAL NEED

Please explain or describe in approximately 500 words:

- 1. The extent to which a cash award would help you to attain your educational goal(s).
- 2. Your plan(s) to achieve your educational goal(s) if you were unable to qualify for any scholarship awards.
- 3. Any special circumstances or any information which might help the Scholarship Committee to evaluate your application.

## LETTER OF RECOMMENDATION

Applicants must provide at least one Letter of Recommendation from an adult who can comment on your academic history or community participation or any special circumstances as to why you should be awarded a scholarship.

Awards will be based on a composite score of GPA, Letter(s) of Recommendation, Essay and Financial Need.					
Signature:	Date:				

Return to SGV JACL or ESGVJCC Office by Friday, April 13, 2018.