

San Gabriel Valley Chapter – Japanese American Citizens League (JACL) HIGH SCHOOL SENIOR SCHOLARSHIP PROGRAM

Name:				
(Last)	(First)	(Mi	iddle)	
Mailing/Contact Address:				
	(Street)	(City)	(Zip)	
Birthdate:		e Home Phor	ne: (<u>)</u>	
Email:		ESGVJCC Me	ember 🗆 YES	□NO
Name of Parent(s)/Guardian(s):				
High School:				
Class Rank/Class Size (If availa	ble):/	Unadjusted	d GPA (max 4.0)
On a separate sheet: Educational Goals (major/field of Scholastic Achievements/Award	ds: (CSF/NHS, Merit Sch	nolarship Progr	ram, Honors/AF	,
School/Community Participation	n: (clubs, student govern	ment, officers,	, sports, church,	volunteer activities, etc.):
Personal Interests/Activities: (ho	obbies, leisure activities,	employment,	etc.):	
Essay (500 words) – Description	n of your educational goa	als and why.		
2 Letters of Recommendation: (comment on your community in	· ·	ch as teacher, a	ncademic adviso	r, etc. (1) Adult who can
Signature:		D	ate:	

Awards will be based on a composite score of GPA, Community Participation, Letters of Recommendations and the Essay.

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