

Cleveland JACL and CJAF Scholarship Application

The application form for the JACL and Cleveland area Japanese American Scholarship is now available. Please note that this scholarship is not to be confused with the National JACL scholarship which has different forms and deadlines

A completed application including transcripts must be returned to the scholarship committee by May 1, 2025

ELIGIBILITY REQUIREMENTS:

- 1. A JACL member, or a dependent of a member, or an American Citizen of Japanese descent.
- A high school graduate and a resident of one of the following counties: (1) Cuyahoga, (2) Geauga, (3) Lake, (4) Lorain, (5) Medina, (6) Portage, (7) Summit; during the year of the application.
- 3. Has been accepted by a college, university, business/trade school, or any other institution of higher learning, for the coming academic year.

PURPOSE:

The purpose of the scholarship awards is to recognize scholastic achievements of graduating seniors and provide a monetary stipend to assist with college expenses.

The award(s) is sponsored by the Cleveland JACL (Japanese American Citizens League) and CJAF (Cleveland Japanese American Foundation). The amount of the scholarship will be determined by the sponsors.

APPLICATION FORMS MAY BE OBTAINED FROM THE FOLLOWING:

- 1. On JACL Cleveland Website jackleveland.org
- 2. Also by calling for a copy to be mailed: Call Bill Sadataki at 330-659-3880

The following documents shall be enclosed with the completed application form:

- 1. Official transcripts
- 2. **A Letter of reference from a teacher** and/or counselor who knows the applicant. Identify name, address and phone number
- 3. A personal statement (essay) which includes:
 - a. Reason for applying.
 - b. Interest and goals.
 - c. Views of self, community and the world.

All information and supporting documents must be complete and postmarked no later than the date given in the letter received by the applicant who requests such information: unless subsequent notice of changes have been received by the applicant.

Cleveland JACL/CJAF Scholarship Application 2024

PERSONAL INFORMATION	Date:
Name of applicant:	
U.S. Citizen: yesno	
Address: City State Zipcode:	
Phone:	
Email:	_
JACL Member? applicant parent	
HIGH SCHOOL:	
Rank/Student in class:/ if applicable	
G.P.A. (4.0 scale unweighted or 5.0 weighted): ACT or SAT composite score	

PLANS FOR HIGHER EDUCATION:

Please list, in order of preference, the schools to which you have applied for Admission in the fall year.

	School		Status (pending, accepted, etc	Comments
	1		u o , i	
	1 st			
	2 nd			•
	3rd			
	What were the	reasons for you	ar first preference?	
IIGH SO	CHOOL INFORM	IATION:		
	Scholastic Honors: years received	Please list aca	demic awards and achievemen	nts, and the
	-	s which may be	unique to your school.	

High School Activities: Please list all activities including music/sports/clubs

and indicate any awards given

Activity	Year	Position	

FINANCIAL INFORMATION (Confidential):

Please estimate your anticipated expenses to attend the school of preference and the anticipated percentage of support Anticipated total 1st year cost to attend the school: \$ I anticipate financial support from the following resources **Parents** % Grants/Scholarships Personal Savings % **Student Loans** % Other % TOTAL 100% **AGREEMENT** As the applicant for the above scholarship awards, I have read and fully understand the eligibility requirements and information requested. This application has been completed by me honestly and to the best of my knowledge. I fully understand that any misrepresentation of information contained in this application may revoke any rights to an award. I also understand that verification of enrollment will be required if I receive an award. If for some reason, I do not matriculate at the post secondary school and do not qualify for an award as stipulated, I will forfeit any rights to the award

Date

Signature