

UW NIKKEI ALUMNI ASSOCIATION SCHOLARSHIP APPLICATION

(For students of Japanese ancestry who attend the University of Washington)

NAME _____

ADDRESS _____

AREA CODE AND PHONE NUMBER _____

DATE OF BIRTH _____ BIRTHPLACE _____

YEAR GRADUATED OR WILL GRADUATE FROM HIGH SCHOOL _____

NAME OF HIGH SCHOOL _____

MAILING ADDRESS OF HIGH SCHOOL _____

FATHER:

MOTHER:

(name)

(name)

(occupation/annual income)

(occupation/annual income)

(name of employer)

(name of employer)

How many brothers and sisters do you have who are claimed as dependents
on your parents' income tax form? Please list their first names and ages below. _____

Of those mentioned above, how many of your brothers and sisters are attending
universities and colleges? Please list below their names, year in college and the
university they are attending. _____

Will you be registering at the U of W as a full time student? _____

What will be your major? _____

G.P.A. in high school _____ G.P.A. in college _____

List significant school activities, honors and awards:

PLEASE LIST THREE CHARACTER REFERENCES:

Name

Address

_____	_____
_____	_____
_____	_____

Please list all the community services you have participated in or performed. What was the nature of your services?

How do you plan to finance your college education? (Please provide any personal or family information that would be helpful in assessing your financial situation. For example, are you applying for other sources of financial aid? If so, where? How much of your university finances will you and your family pay?)

On a separate sheet of paper, please submit a comprehensive statement of your educational goals, major field of study, and reasons for your choice. Please include a statement of your goal to provide service to your community upon graduation from the university or while attending the university.

Candidates for this scholarship must be of Japanese ancestry. Please explain how you qualify.

Please return application to:

UW NIKKEI ALUMNI ASSOCIATION
Scholarship Committee
c/o 2703 36th Ave. SW
Seattle, WA 98126

DEADLINE:

Application should be postmarked no later than
APRIL 15

PLEASE SUBMIT OFFICIAL TRANSCRIPTS.

CERTIFICATION:

I hereby certify that the information I have given in this application is complete and correct to the best of my knowledge.

Date

Signature of the applicant