



## JAA GENERAL SCHOLARSHIP APPLICATION

Full Name: \_\_\_\_\_  
Last Middle First

Full Name in Kanji: \_\_\_\_\_ (if applicable)

Home Address:

Street: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Applicant's Cell Phone: \_\_\_\_\_

Place of Birth:

Date of Birth:

Father's Name:

Occupation:

Mother's Name:

Occupation:

JAA Member? Yes \_\_\_\_\_ Name of Member: \_\_\_\_\_  
No \_\_\_\_\_ Please call JAA (212) 840-6942

High School:

Name:

Address:

Scholastic Honors received:

High School Extracurricular Activities:

Other Extracurricular Activities (e.g. community service, volunteer work, clubs, or jobs):

U.S. College or University to which you intend to enroll (indicate whether accepted or if the application is pending):

Please describe any special financial circumstances you would like us to consider:

Please attach additional sheets if needed. Please make additional copies if needed.