



Kona Japanese Civic Association

Heritage • Culture • Diversity

SCHOLARSHIP APPLICATION

NAME: _____

MAILING ADDRESS: _____

PHONE NO. _____ EMAIL: _____

NAME, ADDRESS AND PHONE NO. OF PARENT(S), LEGAL GUARDIAN

LIST OTHER DEPENDENTS, IF ANY (NAME, AGE, AND RELATIONSHIP)

SCHOOL PRESENTLY ATTENDING: _____

FAFSA EXPECTED FAMILY CONTRIBUTION (EFC): **(REQUIRED)** _____

CURRENT GRADE LEVEL: _____

CURRENT GRADE POINT AVERAGE: **(REQUIRED)** _____

SCHOOL WHICH YOU EXPECT TO ATTEND: _____

EXPECTED DATE OF ENTRY: _____

DEGREE EXPECTED: _____

CAREER PLANS: _____

(FIELD OF STUDY/EMPLOYMENT)