



Japanese Women's Society Foundation

GERONTOLOGY SCHOLARSHIP APPLICATION

Award up to \$5,000.00

Application Deadline: postmarked by May 1, 2026

Eligibility:

- Full or part-time enrollment or acceptance in a graduate degree program at an accredited institution of higher learning in one of the following fields: Medicine, Nursing, Public Health, Social Work, or the Arts and Sciences with a focus on Gerontology
- Interest and commitment in the field of Gerontology/Geriatrics based on course work, research, and/or volunteerism
- Financial need
- Preference will be given to citizens of the U.S. and Hawai'i residents, although citizens of other countries may apply
- Submission of a complete application that includes the application form, official transcripts, letters of recommendation, a statement of financial need, and an essay detailing the applicant's plans for further academic training and how this would have an impact on the services for the elderly in Hawai'i must be received or postmarked by the post deadline
- JWSF Officers and board members are not eligible to apply.

Submission Information:

Mail completed application and all required documents to:

Japanese Women's Society Foundation
P.O. Box 3233
Honolulu, HI 96801

Questions can be sent to scholarships@jwsf.org

Applicant Information

Name: _____ Phone: _____

Address: _____ Email: _____

City, State: _____ Zip Code: _____

U.S. Citizenship: yes no | Hawai'i Resident: yes no | If yes, # of years: _____

Do you have a familial relationship with any current JWSF officer(s)/board member(s): yes _____ no _____

If yes, name of officer(s)/board member(s): _____

If yes, please describe the relationship (e.g., child, sibling, spouse): _____

Educational Information (attach additional pages, if needed; submit official transcripts to verify degree(s) earned.

High school attended: _____ Year of Graduation: _____

Baccalaureate degree: _____ Year earned: _____

1st graduate degree earned: _____ Year earned: _____

Major: _____ Institution: _____

2nd graduate degree earned: _____ Year earned: _____

Major: _____ Institution: _____

Current graduate degree program: _____ Expected graduation date: _____

Major: _____ Institution: _____ Current GPA: _____

Citizenship and Residency

Country of Citizenship: _____

Residency (state/country): _____

Baccalaureate and graduate courses taken that are related to gerontology, including current courses (list below and submit official transcripts to verify this information):

| Course Number | Course Title Semester | Year Taken |
|----------------------|------------------------------|-------------------|
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Gerontology Certificate Program currently enrolled in or have completed:

| Name of program and location | Date of Completion |
|-------------------------------------|---------------------------|
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Gerontology/Geriatrics Conferences or Workshops Attended:

| Name of Conference or Title of Workshop | Date of Participation |
|--|------------------------------|
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Employment Information (provide for last five years below):

Employer/Location: _____
Position: _____ Employment Dates: _____
Description: _____

Employer/Location: _____
Position: _____ Employment Dates: _____
Description: _____

Employer/Location: _____
Position: _____ Employment Dates: _____
Description: _____

Employer/Location: _____
Position: _____ Employment Dates: _____
Description: _____

Employer/Location: _____
Position: _____ Employment Dates: _____
Description: _____

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Position: _____ Employment Dates: _____
Description: _____

Employer/Location: _____
Position: _____ Employment Dates: _____
Description: _____

Other Related Experiences (describe briefly any volunteer fieldwork, research, internship, practicum or other related experiences in working with the aged below):

Employer/Location: _____ Activity Dates: _____

Description: _____

Scholarship Utilization (describe how you intend to use this scholarship):

Future Plans (describe below your plans for further academic training and how this would help you to achieve your career goals relative to working on behalf of Hawai'i's elderly):

Educational Costs (for this academic year below; on a separate sheet briefly describe your financial need):

Tuition and fees: \$ _____
 Books, supplies, and computer services: \$ _____
 Housing and food: \$ _____
 Other: \$ _____

Financial Resources (that will be used to meet the cost of your education):

Savings: \$ _____
 Income (own, spousal, parental support): \$ _____
 Research/Teaching Assistantships: \$ _____
 Other Scholarships or Fellowships: \$ _____
 Other: \$ _____

References: Provide the names of **two** faculty members who are familiar with your academic work and will be submitting letters directly on your behalf or have submitted letters in a sealed envelope and are enclosed with your application.

| Name and Title | Institution | Email |
|----------------|-------------|-------|
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I certify that the above information is accurate and complete:

Signature: _____ Date: _____