



*Japanese Women's Society Foundation*

**ACADEMIC SCHOLARSHIP APPLICATION FORM**

**Name** \_\_\_\_\_ Telephone \_\_\_\_\_  
 Street/PO Box address \_\_\_\_\_ Email \_\_\_\_\_  
 City, State \_\_\_\_\_ Zip code \_\_\_\_\_  
 U.S. Citizenship yes / no Hawai'i Resident yes / no No. of years \_\_\_\_\_

**Educational Information** (attach additional pages, if needed; submit official transcripts verifying degrees earned):

High school attended \_\_\_\_\_ Year of graduation \_\_\_\_\_

Baccalaureate degree \_\_\_\_\_ Year earned \_\_\_\_\_

Major \_\_\_\_\_ Institution \_\_\_\_\_

1<sup>st</sup> graduate degree earned \_\_\_\_\_ Year earned \_\_\_\_\_

Major \_\_\_\_\_ Institution \_\_\_\_\_

2<sup>nd</sup> graduate degree earned \_\_\_\_\_ Year earned \_\_\_\_\_

Major \_\_\_\_\_ Institution \_\_\_\_\_

Current graduate degree program \_\_\_\_\_ Expected grad date \_\_\_\_\_

Major \_\_\_\_\_ Institution \_\_\_\_\_

Current GPA \_\_\_\_\_

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

Course number	Course title	Sem./Yr. taken

Gerontology Certificate Program currently enrolled in or have completed (list below):

Name of program and location \_\_\_\_\_ Date of completion \_\_\_\_\_

**Gerontology/Geriatrics Conferences or Workshops Attended:**

Name of conference/Workshop title

Date

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**Employment Information** (provide details for last five years below):

Organization

Location

Position title

Description

Period of employment

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

Organization

Location

Description

Dates of activity

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

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**Future Plans** (describe below or on a separate sheet 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):

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**Finances** (list the cost of your educational needs for this academic year below and on a separate sheet briefly describe your financial need):

Tuition and fees: \$ \_\_\_\_\_

Books, supplies, and computer services: \$ \_\_\_\_\_

Housing and food: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

List the financial resources to 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	Phone or email
_____	_____	_____
_____	_____	_____

**Certification:** I certify that the above information is accurate and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Reminder:** A completed application and other required materials must be received or postmarked by the deadline.