



# JACL

Japanese American Citizens League

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**Venice - West Los Angeles Chapter  
Chiyo M. Hattori Memorial Scholarship  
Application Form**

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This scholarship was established by George N. Hattori in 2001, in loving memory of his wife, Chiyo M. Hattori, who passed away in August 2000 after a courageous battle with cancer. Although her own higher education goals were thwarted by the onset of World War II, Mrs. Hattori was a staunch believer in education. The Hattori's only son, now a prominent cardiologist, was the recipient of a West L.A. JACL high school scholarship. This award is an expression of the family's gratitude and fulfills one of Mrs. Hattori's final wishes, which was the creation of a scholarship grant for eligible, deserving students entering or enrolled in medical school.

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## **REQUIREMENTS**

### **Applicants must:**

- Reside in Southern California within the past 5 years.
- Have an active JACL membership, preferably with the Venice-West L.A. chapter. Visit [www.jacl.org](http://www.jacl.org) to sign up online for membership. Youth/student membership is \$30 per year.
- Provide proof of acceptance to, present enrollment in, or continued registration in, an accredited medical school program.

## **ADDITIONAL CONSIDERATION**

Ten (10) points will be given to the applicant for meeting each of the following additional criteria, for a maximum of thirty (30) additional points (check all that apply):

- Currently reside in the Venice/West Los Angeles Area  
Current address: \_\_\_\_\_
  - Parents/grandparents who are/were residents in the Venice/West Los Angeles area  
Parents/grandparents' name/address: \_\_\_\_\_
  - Attended schools or churches in the Venice/West Los Angeles area  
School/church name: \_\_\_\_\_
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\*The applicant or family representative is requested to attend the Venice-West L.A. JACL Scholarship Luncheon/Dinner to accept the scholarship.

**GENERAL INFORMATION**

Name (Last, First MI): \_\_\_\_\_

Email Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

US Citizen (Y/N): \_\_\_\_\_

JACL Chapter: \_\_\_\_\_

JACL Membership ID#: \_\_\_\_\_

**ACADEMIC HISTORY**

Institution enrolled in Fall 2020: \_\_\_\_\_

Overall GPA: \_\_\_\_\_

MCAT Score: \_\_\_\_\_

Transcripts: Submit undergraduate and current graduate transcripts of all schools attended. Transcripts must remain sealed to be considered official.

Please list all schools attended beginning with most current. (Graduate, Undergraduate, High School)

<u>Institution Name</u>	<u>Dates Attended</u>	<u>Major/Minor</u>
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**PERSONAL STATEMENT**

As a medical professional, how will you help improve the quality of life for the Japanese-American community? Limit to two pages (typed, double-spaced).

**SCHOLASTIC HONORS**

Please list all JACL scholarships, non-JACL scholarships and academic awards that you have received. Indicate for each, the year in which you received the award. Limit to one page.

**EXTRA-CURRICULAR ACTIVITIES**

**SCHOOL ACTIVITIES & WORK HISTORY**

Please list all campus activities, indicating years of participation, leadership positions held and awards received. Also list dates and job titles of all work experience. Limit to one page.

**COMMUNITY INVOLVEMENT**

Please list all community and Asian American community involvement, indicating years of participation, leadership positions held and awards received. Limit to one page.

**LETTERS OF RECOMMENDATION**

Two letters of recommendation are required for this application. One should be from a professor or medical professional. The other may be from an employer, community leader, or counselor. THE LETTERS MUST BE IN SEALED ENVELOPES AND SUBMITTED WITH THIS APPLICATION.

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I have read and fully understand the eligibility requirements and information requested for the Venice-West Los Angeles Chapter JACL Chiyo M. Hattori Memorial Scholarship. I have completed the application honestly and to the best of my knowledge. I fully understand that any misrepresentation of information contacted in this application may revoke any rights to an award. I also understand that if I am nominated for an award, verification of enrollment is required before any monies can be disbursed. If, for any reason, I do not matriculate at an accredited medical school, I will forfeit any rights to an award.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

Please submit completed application by **June 1, 2020** to:  
VENICE-WEST LOS ANGELES JAPANESE AMERICAN CITIZENS LEAGUE  
PO BOX 251436  
LOS ANGELES, CA 90025-9325  
Send inquiries to: [venicewlajacl@gmail.com](mailto:venicewlajacl@gmail.com).