your photo here]



JAA GENERAL SCHOLARSHIP APPLICATION

Full Name:				
Last		Middle	First	
Full Name in Kanji:			(if applicable)	
Home Address:				
Street:	treet:		Apt:	
City:		State:	Zip:	
E-mail Address:				
Home Telephone	:			
Applicant's Cell	Phone:			
Place of Birth: _		Date of	Date of Birth:	
Father's Name:_		Оссира	Occupation:	
Mother's Name:		Occup	ation:	
		Name of Member: Please call JAA (212) 840-694		
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.