Dear Applicant:

Thank you for your interest in the Japanese American Medical Association Scholarship for first, second, or third year medical students. This year, the winner of the scholarship will be awarded $5000. The criteria for the scholarship will be based on academic achievement, financial need, and the applicant’s interest in serving the Japanese American community.

Please review the two attached documents. Sign and date your completed JAMA Scholarship **Application and mail it to the address listed on the application. Do NOT e-mail the completed application.**

**Please be aware that the completed application and all accompanying materials are due by Friday, January 24, 2020.**

Thank you for your interest in our scholarship. Please contact me if you have any questions.

Sincerely,

Gordon H. Sasaki, M.D., FACS

Chairman, Scholarship Selection Committee

lmellinger@drsasaki.com

**JAPANESE AMERICAN MEDICAL ASSOCIATION**

 Attach Photo Here

**Scholarship Application for Medical School Students**

1. Name (Last, First, Middle) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_ Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Spouse’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Children (list ages): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Occupation of Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Education: Please list dates of attendance and degrees received, if applicable.

 High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Undergraduate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Medical School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Presently, in which year of medical school are you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Foreign languages spoken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. List any college and medical school extra-curricular activities and offices held.

7. List all community activities in which you have participated.

8. List all special awards and honors you have received in college and medical school.

9. Please tell us about your hobbies and interests.

10. If awarded, how do you plan to use your scholarship money? Do you have any financial hardships?

11. Submit one or two letters of recommendation, which may accompany this application or be submitted separately to the address below by the due date.

12. Submit a typewritten essay (maximum length one page) describing how your past experiences, present activities, and future aspirations relate to the Mission Statement and history of the Japanese American Medical Association.

13. Please request your current medical school transcript to be sent to the Japanese American Medical Association Scholarship Committee at the address below by the due date.

**Due date for completed application: Friday, January, 24, 2020.**

When your application is complete, you will be contacted. After all applications are reviewed, you may be contacted about an interview.

*I hereby apply for consideration as a recipient of the Japanese American Medical Association Scholarship. I understand that if for some reason I fail to maintain a good academic standing, I will forfeit my right to the scholarship.*

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submit completed applications to:**

Gordon H. Sasaki, M.D., FACS

Chairman, Scholarship Selection Committee

800 S. Fairmount Ave.

Suite 319

Pasadena, CA. 91105

**Japanese American Medical Association**

Founded in 1947, The Japanese American Medical Association (JAMA) is a Southern California non-profit, tax-exempt organization, comprised of physicians and spouses. JAMA’s physicians are involved in 46 medical specialties and subspecialties, and practice either in a private practice-based or university-based setting.

JAMA’s purposes are to maintain and advance the professionalism of its physicians in the communities of Southern California and to promote the social relationships of its members and spouses.

JAMA’s members are active in:

* Providing excellent medical care to their communities
* Serving as faculty members at major medical university hospitals
* Engaging as innovators and inventors in their respective fields
* Providing educational seminars for its members
* Supporting community events in health-related endeavors

~ Atomic-Bomb Survivors of Hiroshima and Nagasaki (Hibakusha Program)

~ Nichibei Doctor’s Group to assist Japanese physicians and their families during their stay in Los Angeles

~ Cooperation with the Japanese community health events

* Publishing JAMA’s history during and after the internment period; the final product, Silent Scars of Healing Hands, is available at the Japanese American National Museum
* Cooperating with Pan-American Nikkei Medical Association to stimulate international research and teaching courses

**Our Mission Statement:**

* To provide a setting for professional education, networking, and social interaction for our members.
* To promote excellence of health care and service to our communities.
* To support medical students and physicians-in-training.
* To preserve and transmit our legacy