## JAPAN STUDY – JACKSON BAILEY ENDOWED TRAVEL SCHOLARSHIP (For student from GLCA colleges)

### Due Date: April 15

Note: This scholarship is for <u>GLCA students</u> going on the Academic Year program only. To confirm that your school is a GLCA institution, <u>please check this website</u>.

Funded through a generous donor, the Japan Study - Jackson Bailey Endowed Scholarship fund helps students with demonstrated financial need offset their airfare to Japan. Per the donor's request, this award - up to \$1500 - is only open to Academic Year students from GLCA colleges.

This scholarship is given in memory of Dr. Jackson Bailey, the founder of the Japan Study Program who made significant contributions to the early study of Japan in the U.S.

#### PERSONAL INFORMATION:

Full legal name		Preferred first name
Phone:	Email:	Major:
Home address:		
College address:		

#### APPLICATION ESSAYS:

Students, please demonstrate your interest and/or need by responding to the following essay question:

• Describe how the Japan Study-Jackson Bailey Scholarship will help you achieve your personal, academic and career goals.

#### AGREEMENT:

I understand that if I voluntarily withdraw or am dismissed due to academic performance or failure to comply with program requirements, I am required to repay the funds to Japan Study.

In accepting this scholarship, I give permission for my application to be shared with the donor of the scholarship.

Student signature

Date

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Name:	College:
Please sign one of the foll	owing statements (A or B):
<b>A)</b> I will be able to meet the financial aid award from my l	financial obligations of the Japan Study Program on my own without a nome institution.
Signature of student	Date
home college or university to permission for the Financial A	Inancial aid and will need to continue to receive financial aid from my meet the financial obligations of the Japan Study Program. I give Aid Office of my home college (listed above) to release my EFC (Estimated apan Study office. This information will be used in a scholarship
Signature of student	Date
·	ur Financial Aid Officer complete the section below.
I certify that	Name of Student
has the following EFC (Estima	ated Family Contribution) for the upcoming Academic year
EFC Estimate	For Academic Year
Name of Financial Aid Officer (Prin	ted) Telephone/E-mail
Signature of FA Officer	Date
For international students wit Finances) or Declaration of Fi	hout EFC, please provide the CSS Profile (College Board's Certification enances.

Return by **APRIL 15** to the Japan Study Office, Earlham College, Richmond, IN 47374. 765-983-1798 (fax) 765-983-1224 (phone) japanstu@earlham.edu