



## 2017 Dr. Tsujio Kato Memorial Scholarship

### APPLICATION

**Please do not photo copy the application back-to-back or staple any of the forms.**

For applications to be considered complete, **applicants must provide high school records.** Provide your counselor with the enclosed high school request form and, when it has been completed, turn it in with your application. Be sure to include a copy of your SAT and/or ACT test scores. **Application deadline is April 7, 2017 by 5:00 PM at the address below.** Applicants are automatically disqualified if it is not turned in by deadline date, time and guidelines. Additionally, applicants who are awarded may have their names and picture printed on CSF public relations, Social Media or Printed media announcements and/or material.

*Please type or print*

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ PHONE # \_\_\_\_\_

CELL PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
CITY/STATE MONTH/DAY/YEAR

### EDUCATIONAL BACKGROUND

This scholarship is only for the fall 2017 enrollment and cannot be rolled over to another term.

JUNIOR HIGH SCHOOL \_\_\_\_\_ HIGH SCHOOL \_\_\_\_\_

DATE OF GRADUATION \_\_\_\_\_ CUMULATIVE G.P.A \_\_\_\_\_

HAVE YOU BEEN ACCEPTED TO AN ACCREDITED COLLEGE OR UNIVERSITY? \_\_\_\_\_

IF SO, WHERE WILL YOU ENROLL FOR FALL 2017? \_\_\_\_\_

PLANNED MAJOR \_\_\_\_\_ DEGREE SOUGHT \_\_\_\_\_

ANTICIPATED ANNUAL TUITION COST \_\_\_\_\_

EDUCATION/CAREER GOAL (S) \_\_\_\_\_

**EMPLOYMENT HISTORY** - List current or most recent employment first. Do not enter "see attached resume." If necessary, you may include additional employers on another page.

Position/Brief Description of Duties	Dates of Employment (Mo/Day/Yr)
Employer Name and Address	Number of Hours Worked Per Week
Supervisor's Name	Phone No.

Complete the following sections. Do not enter "see attached resume." If necessary, you may include an additional copy of this page.

**SCHOOL / ATHLETIC ACTIVITIES**

Organization	Positions Held/Honors	Dates of Participation

**COMMUNITY ACTIVITIES**

Including Festival participation

	Positions Held/Honors	Dates of Participation

**CHURCH ACTIVITIES**

Activity	Positions Held/Honors	Dates of Participation

**AWARDS / HONORS**

Award/Honor	Organization	Year Received

SHORT ANSWER - What have you done to improve or promote your community?

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

INTERESTS / SKILLS \_\_\_\_\_

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

**PERSONAL STATEMENT** - Please submit a typed essay of 1000 words or less on a topic of your choice. This is your opportunity to tell the Selection Committee something about yourself. This can be done by writing about your activities, goals, family, or background; or indirectly by writing on an issue, event or other topic that is of interest to you. Please state your topic at the beginning, be clear and concise, and follow the rules of grammar and essay writing.

**LETTERS OF RECOMMENDATION** - Please submit 2 letters of recommendation from individuals who can attest to your character, integrity, capabilities, and commitment to your education and community (such as, an instructor, employer, counselor, or mentor). Copies of recent letters of recommendation intended for similar purposes are acceptable.

1. \_\_\_\_\_  
Name Relationship/Title

\_\_\_\_\_  
Complete Address Daytime Phone No

2. \_\_\_\_\_  
Name Relationship/Title

\_\_\_\_\_  
Complete Address Daytime Phone No

**TRANSCRIPTS** - Please provide official High School Academic transcripts. **DO NOT STAPLE PAGES.**

**VERIFICATION OF RESIDENCY** – Please submit a clear photocopy of a valid driver’s license or state ID with your current address for the purpose of verification of residency. **If you do not have a CA Driver’s License, please apply for an ID with the DMV.** How long have you lived at your current address? \_\_\_\_\_.

**APPLICANT SIGNATURE** - I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that falsified information will lead to forfeiture of eligibility and all items awarded to me by the California Strawberry Festival.

\_\_\_\_\_  
Signature of Applicant Date

**MAIL OR DROP OF APPLICATION TO:**  
California Strawberry Festival  
Attn: Dr. Kato Scholarship Committee  
1661 Pacific Avenue, Suite 15  
Oxnard, CA 93033

**APPLICATION MUST BE RECEIVED AT THE ABOVE ADDRESS NO LATER THAN 5:00 PM, April 7, 2017. POSTMARKED APPLICATIONS NOT ARRIVING BY DUE DATE ARE CONSIDERED LATE AND AUTOMATICALLY DISQUALIFIED. LATE APPLICANTS ARE AUTOMATICALLY DISQUALIFIED. THERE ARE NO EXCEPTIONS.**