
JAPAN STUDY – JACKSON BAILEY ENDOWED TRAVEL SCHOLARSHIP

Due Date: March 8th

Note: This scholarship is for students going on the Academic Year program only.

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.

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 following statements (A or B):

A) I will be able to meet the financial obligations of the Japan Study Program on my own without a financial aid award from my home institution.

Signature of student

Date

B) I am currently receiving financial aid and will need to continue to receive financial aid from my home college or university to meet the financial obligations of the Japan Study Program. I give permission for the Financial Aid Office of my home college (listed above) to release my EFC (Estimated Family Contribution) to the Japan Study office. This information will be used in a scholarship application in Japan.

Signature of student

Date

Have your Financial Aid Officer complete the section below.

I certify that _____
Name of Student

has the following EFC (Estimated Family Contribution) for the upcoming Academic year

EFC Estimate

For Academic Year

Name of Financial Aid Officer (Printed)

Telephone/E-mail

Signature of FA Officer

Date

For international students without an EFC, please provide the CSS Profile (College Board's Certification of Finances) or Declaration of Finances.

Return by **MARCH 8TH** to the Japan Study Office, 801 National Road West. Earlham College, Richmond, IN 47374.

765-983-1798 (fax) 765-983-1224

(phone) or email to:

japanstu@earlham.edu