



HIROSHIMA KENJIN-KAI OF SOUTHERN CALIFORNIA SCHOLARSHIP APPLICATION - ACADEMIC YEAR 2025-26

Name of applicant (last, first, middle): _____

Home address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ E-mail: _____

Birthdate: Day _____ Month _____ Year _____

Parent's Names: Father _____

Mother _____

First in the family to emigrate
from Hiroshima to the US:
(e.g. Maternal Grandparent) _____ Year if known: _____

Locale (Township) in Hiroshima
Prefecture from which he/she came: _____

The name of the immediate family member who
Is currently a Nanka Hiroshima Kenjin-kai member: _____

High School: _____ City: _____

Date of graduation: _____

Projected Future Status (e.g. College)
and Long-Term Goals: _____

Signature of the Applicant: _____ Date: _____

Signature of Guardian (if minor): _____ Date: _____

Please submit the application form and other required items by **December 15, 2026**, to *Scholarship Committee, c/o Hiroshima Kenjin-kai of SoCal, 712 E 1st Street, Los Angeles, CA 90012*, or email to HKSCscholarship@gmail.com.