

Scholarship Application Form

Thank you for your interest in the Dr. Joakim Peter Memorial Scholarship. The scholarship is named after Dr. Joakim "Jojo" Peter, Ph.D who was a Chuukese Micronesian educator, scholar, community organizer, health advocate, social justice activist, and a tireless leader for youth empowerment particularly those who are citizens of or trace their roots to the Compact of Free Association (COFA) nations of the FSM, RMI, and Palau. All selected scholarship recipients will be inducted into our A+JOJO Scholars Program which includes a one-time \$1,500 financial award and on-going mentorship and professional development opportunities during their college career. You are applying to join this movement to honor his legacy through the next generation of COFA leaders.

Your Name *		
First Name	Last Name	
Email *		
example@examp	le.com	
Phone Numb	er *	
Area Code		Phone Number
Date of Birth	*	
Month Day Yea	r	
Current Addr	ess *	

Street Address Line 2

Facebook URL

(Optional) If you have a Facebook account, please cut and paste the link into this section. It would look something like this (https://www.facebook.com/vidraatior)

LinkedIn URL

(Optional) If you have a LinkedIn account, please cut and paste the link into this section. It would look something like this (https://www.linkedin.com/in/raatior/)

Name of Mother or Guardian

First Name Last Name

Mother's Homeland

State or Island

Name of Father or Guardian

First Name Last Name

Father's Homeland

State or Island

Street Address or PO Box	
Street Address Line 2 (if any)	
City	State
Postal / Zip Code	
Educational Backgrou	nd
Provide your academic inf	ormation in this section
Name of Your High Scho	ool
High School Location	
What island, city or state is your	high school located?
High School Level Senior Graduated	
Name of Your College	
Major	
Current Year in College	

Family Address (if different from yours)

Date Expected to Graduate



Month Day Year

Proof of enrollment you can provide

None

Letter of Acceptance

Class Schedule

Screenshot of School Account

Personal Statements

In this section, we want you to share with us your story, what inspires you most about the life and work of Dr. Joakim Peter, your current or past experiences in community service and leadership. Then we want you to share with us about what you are passionate about and propose a project that you would like to work on as part of the A+JOJO Scholars Program.

BIOGRAPHY *

Tell us your story and why you are the right candidate for the scholarship.

INSPIRATION *

We want our scholars to know about our friend, mentor, and colleague Dr. Joakim "Jojo" Peter, Ph.D. Please some research about him starting on our website (https://www.ajojoscholars.org/dr-joakim-peter/) and then share here what inspires you most about Jojo's life and the work he did for the COFA community.

COMMUNITY SERVICE EXPERIENCE *

LEADERSHIP EXPERIENCE *
We honor and value all the ways that you have challenged yourself to be a leader. Tell us about all your past and current experiences in which you were in charge of a project either on your own initiative or was elected / appointed by members of a club, school, organization, or communitywhether you were paid for them or not.
LEGACY PROJECT *
We want our scholars to be working with their mentor and Team Jojo on a project to build their own legacy. Visit our website

We want our scholars to be working with their mentor and Team Jojo on a project to build their own legacy. Visit our website (http://www.ajojoscholars.org/legacy-project/) for some potential projects. Tell us about a topic or need in your community that you are most passionate about solving. Propose a project that you want to pursue as part of your legacy building project in the A+JOJO Scholar Program. If you have any questions about this please contact the Scholarship Director, Dr. Vid Raatior (vidraatior@gmail.com).

Reference

Tell us about someone who can vouch for your general attitude, work ethic, or academic abilities. This can be a current or previous teacher, principal, pastor, supervisor, mentor, advisor. Do NOT use your family members or relatives. We will be in touch with them to complete our Reference Form ONLY if you are a top 5 finalist in consideration for the A+JOJO Scholars Program and the scholarship award.

Name of Your Reference *

First Name Last Name

Reference Email

If your actual reference does not have an email address, please provide someone's email who can get information to your reference.

Reference Phone Number

Area Code

Phone Number

Where does your reference work?

Is the reference related to you by blood? *

Yes

No

Relation to You *

How would your reference describe your Top 5 best qualities? (Select 5 only)

Hardworking

Team Player

Cultural

Humble

Compassionate

Courageous

Leader

Caring

Faith-filled

Intelligent

Powerful

Honest

Communicator

Trustworthy

Reliable

Innovative

Self-aware

Optimistic

Energetic

Additional comments or questions (if any)

Agreement to Participate Fully

TERMS: All selected scholarship recipients will be inducted into our A+JOJO Scholars Program which includes a one-time \$1,500 financial award and on-going mentorship and professional development opportunities during their college career. If selected your photo, name, email, school name, major, island name, Facebook and Linkedln link along with your responses in the Personal Statement section will be used on our website and all our social media platforms in celebration of your selection. As A+JOJO Scholars you will be expected to engage virtually or in-person meetings with the Scholarship Director, an assigned mentor, the Scholarship Board, Founders Council, and other funders as necessary. A+JOJO Scholars will also be working alongside their mentor on their Legacy Project throughout the course of their college career. All engagements will be coordinated by the Scholarship Director to honor and respect your time and availability as a student first.

Agreement

Yes, I agree with all terms

No, I don't agree with any terms

Maybe. I have some reservations and want to discuss with the Scholarship Director

I AFFIRM THAT ALL STATEMENTS I HAVE INDICATED HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. ANY MISREPRESENTATION I HAVE MADE CAN CAUSE FOR THE INVALIDATION OF MY APPLICATION AND SHALL BAR ME FROM RE-APPLYING FOR THE SAME.

Name of Applicant

First Name Last Name

Date Signed by Applicant



Month Day Year