

**CHAD OKAMOTO MEMORIAL  
ART & DESIGN SCHOLARSHIP APPLICATION  
2009  
STUDENT HEALTH CENTER  
SAN JOSE STATE UNIVERSITY**

**DUE DATE: Wednesday May 1st, 2009**

Return completed application with all supporting materials to:

**Student Health Center  
Scholarship Committee  
c/o Physical Therapy Department (SHC 204)  
One Washington Square  
San Jose State University  
San Jose, CA 95192-0037**

**ART & DESIGN SCHOLARSHIP IS IN MEMORY OF CHADWICK OKAMOTO**

---

Chad Okamoto passionately pursued his life-long dream of becoming an artist. His skills awarded him a place in the prestigious fine art program at UCLA where he earned his degree. This eventually led him to his dream job in September of 2001. Finding such a job in the arts in the Bay Area took perseverance and a passion for his work. It was a long journey, one that required hard work and patience. When doors appeared shut Chad increased the breadth of his knowledge and experience with specialized classes at DeAnza College. He entered drawing competitions to expand his creativity. He pursued many art forms, primarily graphic design and animation.

Chad will be remembered not just as a talented artist, but also as a great friend, loyal brother, and devoted son. He had a great outlook and enjoyed a well-rounded life. He enjoyed the challenges of competition and strived to be the best he could be in the pursuits he loved: the arts, as well as baseball, gymnastics, and especially ice hockey.

Just a few short weeks after achieving his goal, a dream job in animation, Chad's life ended tragically due to an unexpected medical condition. This memorial scholarship was established to assist art students to fulfill their artistic dreams, so future artists will benefit from Chad Okamoto's life.

---

Revised January 4, 2009

**THEME "Identity-Finding Common Ground" AND CRITERIA:**

- Artwork must be display ready.
- All medium must be 2-dimentional.
- Judging of slides or submitted work will be conducted by SJSU-SHC staff with Art Department support. Slides must include: title, medium, dimensions, and artist's name.
- Dimensions may range from 8.5"X11" to 6'x6', framing excluded.
- Winning piece or pieces (i.e. if work is a series of related pieces) will be displayed at the SJSU Student Health Center for a year. If the work is ongoing and the student would like to do a changing exhibition, criteria can be discussed in artist statement.

Questions may be emailed to rvimont@email.sjsu.edu. Expect a one-week response to emails and leave a phone number in the email. Questions must follow this procedure to receive a response.

**SUPPORTING MATERIALS:(single piece OR series of work)**

**Series of work:** Three to Ten-35 mm slides of the pieces that fit the above criteria

1-page Artist statement

Or a burned CD with images saved in JPEG or TIFF format

**Single piece:** The original piece or three-35mm slides that fit the above criteria

1-page Artist statement.

**APPLICATION/SUPPORTING MATERIALS (please check the items submitted):**

Submit this application.

Supporting materials must accompany application and cannot be added/amended/deleted after the application is submitted.

Self-addressed envelope must accompany this application if you want the supporting materials returned via the mail.

Supporting materials will be returned after all office procedures are completed. If you are a recipient, slides will be returned after the ceremony. Winning materials may be picked up one year later at the Student Health Center

**DISBURSEMENT OF \$500 SCHOLARSHIP:** The scholarship will be disbursed through the Bursar's Office and applied to your Fall 2009 tuition and fees.

**THE STUDENT HEALTH CENTER'S RECEPTION FOR THE RECIPIENT:** At that time a formal installation of the winner's work will occur. The winner is required to attend this ceremony. Reception is held at the end of May or August.

**IF YOU RECEIVE FINANCIAL AID:** Please note that the Chad Okamoto Scholarship is for \$500 and may impact your eligibility for need-based financial aid as it will be viewed as income. If you have any questions please contact Financial Aid & Scholarship Office 408-924-6063.

**PERSONAL INFORMATION:**

Date submitted \_\_\_\_\_

Name \_\_\_\_\_ SID# \_\_\_\_\_

Local address \_\_\_\_\_ phone \_\_\_\_\_  
(Street, city, state, zip code)

Permanent address \_\_\_\_\_ phone \_\_\_\_\_  
(Street, city, state, zip code)

**You must be enrolled for the fall, 2009 semester to apply for a scholarship**

\_\_\_\_\_ Units enrolled in spring, 2009

\_\_\_\_\_ Units enrolled in fall, 2009       \_\_\_\_\_ Units completed for fall, 2008

For undergraduate students: major/concentration/emphasis (be specific): \_\_\_\_\_

Freshman    Sophomore    Junior    Senior

For graduate students: area of concentration/emphasis (be specific): \_\_\_\_\_

Email address \_\_\_\_\_

**CERTIFICATION TO BE COMPLETED BY STUDENT:** I hereby consent to the release of my academic verification to the administrator of any scholarship for which I may be awarded. I also understand that some applications are reviewed by non-university/School of Art and Design personnel. If I am awarded a scholarship, I hereby give my permission to have my name and artwork displayed for one year in the Student Health Center. In the event that anything should happen to my work while on display I will not hold the Student Health Center accountable. To the best of my knowledge, everything on this application is accurate and true. I understand that any falsification may jeopardize my position in the scholarship program and receipt of a scholarship.

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