

The Danzan Ryu Seifukujitsu Institute
a division of the AJJF

Professor Pat Browne DZRRT Scholarship Application

Rev: 5/20

Purpose

The Professor Pat Browne Scholarship fund will be used to help AJJF registrants attend a DZRSI DZRRT Program, who could not otherwise attend because of financial limitations.

The scholarship will be \$300 and will be offered as a “work/study” grant, in which the recipient may be asked to help the Director of the program s/he attends.

If there are insufficient funds to provide a full scholarship, the student will be notified and a partial scholarship may be awarded.

Funding

The scholarship will be funded primarily by donations from DZRRT sessions received at AJJF Annual National Convention from registrants, donations, or other supporters.

The expenditure for each program from the Scholarship Fund will not exceed 60% of the amount in the fund at the end of the fiscal year.

This amount will be used to help as many members as practicable attend programs.

If more applicants apply than can be offered scholarships, a random drawing, from the pool of eligible applicants, will be used to determine the recipients of the scholarship.

Eligibility

Applicant eligibility will be determined by the DZRSI Standards Committee, based on the application information and the Sensei recommendation.

Applicant must be:

- AJJF Registrant
- 18 years old

Implementation

- Complete and submit a DZRSI Student Agreement, which can be found at: <https://dzrsi.org/eb-student-signin/forms/>
- **Fill out the application completely**
- **Print clearly or type**
- Send completed application to the DZRSI Records Administrator at: [**healingarts@ajjf.org**](mailto:healingarts@ajjf.org)
- Request your sensei complete the Sensei Recommendation Form

Incomplete applications, or applications received after the Program Director’s stated deadline will not be considered for the scholarship.

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APPLICANT INFORMATION

Applicant: _____ Age: _____
Must be at least 18 years old

Address: _____
Number and street City State Zip

Phone: _____ Email: _____

AJJF Rank: _____ AJJF #: _____

Sensei: _____ Dojo: _____

DZRRT Program you would like to attend:

_____ DZRRT Technician _____ DZRRT Practitioner

Location: _____ Program Director: _____

Start Date: _____

APPLICANT STATEMENT

(To be completed by applicant)

How long have you been an AJJF registrant? _____

Please describe your jujitsu and AJJF experiences: _____

Please describe why you need financial aid for this program: _____

Please describe why you want to take the Danzan Ryu Restorative Therapy Program:

Are you able to attend all sessions of the program, and do the required homework and study hours?

If you receive a scholarship, would you be available to donate some time to assist the Director offering the program you will attend? _____

“All the information on this scholarship application is true and correct to the best of my knowledge.”

Signature of Applicant _____ Date: _____

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SENSEI RECOMMENDATION

To be completed by Applicant's Sensei and sent to: healingarts@ajjf.org

The recommendation by Sensei will be an important criterion for determining eligibility of applicants. Please comment briefly regarding the applicant in each of the following categories:

1. Does the applicant attend your classes on a regular basis? Yes _____ No _____
Comments: _____
2. How long has the applicant been your student? Years _____
3. Has the applicant attended AJJF activities (convention, clinics, contests)? Yes _____ No _____
Comments: _____
4. Has applicant shown a commitment to Danzan Ryu Jujitsu and the AJJF? Yes _____ No _____
Comments: _____
5. Would the applicant benefit from attending the program? Yes _____ No _____

"The information that I have provided in this application is true and correct to the best of my knowledge."

Sensei Signature _____ Date _____

DZRSI Program Records

The DZRSI Standards Committee Response to Request for Scholarship

Applicant's Name _____

The request for scholarship is:

Granted in the amount of \$ _____ Date: _____

Denied _____ Date: _____

Funds sent to Program Director (name) _____

Date: _____

Applicant notified: Date: _____

Filled out by: Date: _____