

CHECK ONE

- HEA Member
 non-HEA Member

**HAWAII EDUCATION ASSOCIATION
 SY 2021-2022 SCHOLARSHIP APPLICATION FORM**

CONTINUING COLLEGE STUDENT

PLEASE PRINT CLEARLY OR TYPE

| | | | | | | | | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---------------|--|------|------------|--|----------|------|
| APPLICANT'S SOCIAL SECURITY NUMBER | | | | | LAST NAME | | | FIRST NAME | | | M.I. |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | | |
| GENDER | | DATE OF BIRTH | | | EMAIL ADDRESS | | | | TELEPHONE NUMBERS | | |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | | | | | | | | | Bus. _____ Res. _____ Cell _____ | | |
| HOME ADDRESS | | NUMBER AND STREET | | | | | CITY | | STATE | ZIP CODE | |

PERSONAL AND EDUCATIONAL BACKGROUND
 ALL COLLEGES AND UNIVERSITIES ATTENDED (List most recent first)

| NAME OF SCHOOL (DO NOT USE INITIALS) | DATES ATTENDED | | NAME OF DEGREE, DIPLOMA OR CERTIFICATE (abbreviate) | YEAR RECEIVED |
|---|-----------------|---------------|---|------------------|
| | FROM MO./YR. | TO MO./YR. | | |
| | | | | |
| | | | | |

| | | | | | | | |
|--|--|-------------------|--|--|--|-------------------|--|
| HEA MEMBER: FATHER/GUARDIAN/GRANDFATHER | | | | HEA MEMBER: MOTHER/GUARDIAN/GRANDMOTHER | | | |
| NAME OF MEMBER(S): | | | | NAME OF MEMBER(S): | | | |
| HOME ADDRESS | | TELEPHONE NUMBER: | | HOME ADDRESS | | TELEPHONE NUMBER: | |

| | |
|--|--|
| <p align="center">IF GRANDPARENT COMPLETE & SIGN:</p> <p>I VERIFY THAT _____ IS MY GRANDCHILD/ LEGALLY ADOPTED GRANDCHILD.</p> <p align="center">SIGNATURE _____</p> <p>ADDRESS: _____</p> <p align="center">CITY STATE ZIPCODE</p> | <p align="center">IF GRANDPARENT COMPLETE & SIGN:</p> <p>I VERIFY THAT _____ IS MY GRANDCHILD/ LEGALLY ADOPTED GRANDCHILD.</p> <p align="center">SIGNATURE _____</p> <p>ADDRESS: _____</p> <p align="center">CITY STATE ZIPCODE</p> |
|--|--|

| LIST BELOW ALL SIBLINGS List student applicant first. Give specific dollar amounts where requested. NAME AGE | Check below if dependent for income tax purposes | Check below if living with family | Name of present school, college or occupation | Year in School | Check Appropriate Box | | | Cost of tuition and fees (including room and board) |
|--|---|--|--|-------------------|-----------------------|-------------------|---------|--|
| | | | | | Public School | Private School | College | |
| | | | | | | | | |
| | | | | | | | | |

| | | |
|--|--------|------------|
| DO ANY OF THE ABOVE HOLD SCHOLARSHIPS OR RECEIVE GIFT AID FOR SCHOOL? IF SO, WHICH CHILDREN? | | |
| NAME | AMOUNT | FROM WHOM? |
| | | |
| | | |

If awarded a scholarship, I authorize the HEA to publish my name and photo for publicity purposes. I will respond to a follow-up survey in order for HEA to improve services.

HAWAII EDUCATION ASSOCIATION FINANCIAL AID FORM

CONFIDENTIAL

| PARENTS' OR APPLICANT'S PERSONAL ANNUAL INCOME AND EXPENSES | | |
|---|-----------------|-----------------|
| (Enter <i>annual</i> amounts only) | (Estimated) | |
| TAXABLE INCOME BEFORE DEDUCTION | LAST YEAR | THIS YEAR |
| A. Wages, Salaries, Tips, etc. Father, Stepfather, or Guardian | \$ _____ | \$ _____ |
| Mother, Stepmother, or Guardian | \$ _____ | \$ _____ |
| Self | \$ _____ | \$ _____ |
| Spouse | \$ _____ | \$ _____ |
| B. Dividends and Interest | \$ _____ | \$ _____ |
| C. Net Profit from Business | \$ _____ | \$ _____ |
| D. Other Taxable Income | \$ _____ | \$ _____ |
| TOTAL TAXABLE INCOME | \$ _____ | \$ _____ |
| BUSINESS EXPENSES | \$ _____ | \$ _____ |
| ADJUSTED TAXABLE INCOME | \$ _____ | \$ _____ |
| NON-TAXABLE INCOME (i.e. Social Security, Pension, Veteran's Benefits, Welfare Benefits) | \$ _____ | \$ _____ |
| TOTAL ADJUSTED TAXABLE AND NONTAXABLE INCOME | \$ _____ | \$ _____ |
| MEDICAL & DENTAL EXPENSES NOT COVERED BY INSURANCE | \$ _____ | \$ _____ |
| EMERGENCY EXPENSES | \$ _____ | \$ _____ |
| FEDERAL INCOME TAX | \$ _____ | \$ _____ |
| STATE INCOME TAX | \$ _____ | \$ _____ |
| TOTAL EXPENSES | \$ _____ | \$ _____ |
| _____ Signature | | |

| STUDENT'S RESOURCES | | STUDENT'S EXPENSES | |
|--|-----------------|---|-----------|
| (Enter <i>annual</i> amounts only.) | Estimated | (Enter <i>annual</i> amounts only.) | Estimated |
| Support from student's parents | \$ _____ | Student's tuition fees, books and supplies. . . | \$ _____ |
| Support from spouse's parents | \$ _____ | Rent, mortgage, or room including utilities . . | \$ _____ |
| Student's wages, salaries, tips, etc | \$ _____ | Food or board and household supplies | \$ _____ |
| Spouse's wages, salaries, tips, etc. | \$ _____ | Clothing, laundry, and cleaning | \$ _____ |
| Other taxable income | \$ _____ | Transportation | \$ _____ |
| Social Security benefits | \$ _____ | Medical and dental | \$ _____ |
| Veterans-GI Bill benefits | \$ _____ | Other expenses | \$ _____ |
| Other nontaxable income and benefits | \$ _____ | TOTAL | \$ _____ |
| Grants, scholarships, educational loans, and college work-study (give total dollar amount) | \$ _____ | _____ Applicant's Signature | |
| TOTAL | \$ _____ | | |