

CHECK ONE

- HEA member
(refer to requirements)
- Non-HEA Member Ineligible

HAWAII EDUCATION ASSOCIATION
SY 2021-2022 SCHOLARSHIP APPLICATION FORM

HIGH SCHOOL STUDENT

PLEASE PRINT CLEARLY OR TYPE

APPLICANT'S SOCIAL SECURITY NUMBER					LAST NAME			FIRST NAME			M.I.
x	x	x	x	x							
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

HIGH SCHOOL _____ DATE OF GRADUATION _____

ALL COLLEGES AND UNIVERSITIES ATTENDED (List most recent first)

NAME OF SCHOOL (DO NOT USE INITIALS)	DATES ATTENDED		NAME OF COURSE(S) AND CREDITS EARNED	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:
IF GRANDPARENT COMPLETE & SIGN: I VERIFY THAT _____ IS MY GRANDCHILD/ LEGALLY ADOPTED GRANDCHILD. _____ SIGNATURE ADDRESS: _____ _____ CITY _____ STATE _____ ZIPCODE _____		IF GRANDPARENT COMPLETE & SIGN: I VERIFY THAT _____ IS MY GRANDCHILD/ LEGALLY ADOPTED GRANDCHILD. _____ SIGNATURE ADDRESS: _____ _____ CITY _____ STATE _____ ZIPCODE _____	

LIST BELOW ALL SIBLING(S) 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?

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NATURE OF STUDY OR TRAINING DESIRED

General field of study or training _____

Area of specialization _____

When did you start or plan to start? _____

What specialized training or experience have you already had in this field?

PLACE OF STUDY OR TRAINING

Have you applied for admission? Yes No

Where? _____

By which schools have you been accepted? _____

What scholarships do you now have and what is the amount?

<u>Scholarships</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

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.

Signature

Date

PARENTS' 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	\$ _____	\$ _____
B. Dividends and Interest	\$ _____	\$ _____
C. Net Profit from Business	\$ _____	\$ _____
D. Other Taxable Income	\$ _____	\$ _____
TOTAL TAXABLE INCOME	\$ _____	\$ _____
BUSINESS EXPENSES	\$ _____	\$ _____
ADJUSTED TAXABLE INCOME	\$ _____	\$ _____
NONTAXABLE INCOME (i.e. Social Security Benefits, Pension, Veteran 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	\$ _____	\$ _____

Parent's Signature		

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

Applicant's Signature			