

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

IN-SERVICE PUBLIC SCHOOL EDUCATORS

CHECK ONE

- Full-time/Part-time (Tenured and/or Permanent)
- Probationary/Temporary Appointment/Less Than Half-Time ← **INELIGIBLE DO NOT CONTINUE**
- HEA member
- non-HEA member

PERSONAL INFORMATION

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		
SCHOOLADDRESS					NUMBER AND STREET					CITY					STATE		ZIP CODE		

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.		

WORK EXPERIENCES (LIST PRESENT SALARIED DOE EMPLOYMENT FIRST)

PLACE OF EMPLOYMENT (INCLUDE ADDRESS)	DATES		POSITION HELD/ EMPLOYMENT STATUS
	FROM MO./YR.	TO MO./YR.	

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Please list activities or positions held in school or state/district office, community and educational organizations.
(List most recent first.)

Year(s)	Activities/Position

LIST BELOW ALL CHILDREN AND OTHER DEPENDENTS 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 PLANNED

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

School(s) applied to for admission _____

School(s) which have accepted you _____

If you are already engaged in your program of study, state the name of the school at which you are presently enrolled:

List scholarships you now have and the amounts:

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

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PERSONAL STATEMENT

1. In the space provided here, describe how your proposed plan of study will contribute to your professional improvement and benefit to the HIDOE.

2. Describe your financial need.

Do you plan to continue working in the field of education in Hawaii after completing your studies? Yes No

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