

HAWAII EDUCATION ASSOCIATION
SY 2021-2022 SCHOLARSHIP APPLICATION FORM

RONALD K. TOMA SCHOLARSHIP
Professional Development for In-service Public School Educators

CHECK ONE

- Full-time/Part-time PreK-12 Teacher or School Administrator (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.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH		EMAIL ADDRESS				TELEPHONE NUMBERS Bus. _____ Res. _____ Cell _____			
HOME ADDRESS		NUMBER AND STREET				CITY		STATE	ZIP CODE		
SCHOOL ADDRESS		NUMBER AND STREET				CITY		STATE	ZIP CODE		

NAME OF COLLEGE/UNIVERSITY FROM WHICH DEGREE CONFERRED (DO NOT USE INITIALS)	DATES ATTENDED		NAME OF DEGREE, DIPLOMA OR CERTIFICATE MAJOR & AREA OF SPECIALIZATION (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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ACTIVITIES

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

<u>Year(s)</u>	<u>Position</u>
_____	_____
_____	_____
_____	_____
_____	_____

PLACE OF STUDY OR TRAINING

Title of activity applied to for admission _____

Include sponsoring organization, date(s), location, desired outcomes/purpose:

How is this activity supporting the Academic Plan?

<u>Anticipated Expenses</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL REQUEST \$ _____

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PERSONAL STATEMENT

In the space provided here, describe how your proposed activity will contribute to your professional improvement. What new learnings will you gain from participating in this activity? With whom and how will you share your new learnings?

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