

**HAWAII EDUCATION ASSOCIATION
SY 2021-2022 SCHOLARSHIP APPLICATION FORM
sponsored by the Helen MacKay Memorial**

CHECK ONE

For school year 2021-2022

Full-time Fall Semester

Full-time Spring Semester

STUDENT TEACHER

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		

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.		

LIST BELOW ALL DEPENDENTS OF PARENTS OR APPLICANT.	Name	Age	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.

Signature _____

Date _____

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.)		(Enter <i>annual</i> amounts only.)	
	Estimated		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	\$ _____		