

CHECK ONE

HEA Member

Non-HEA Member Ineligible

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>IF GRANDPARENT COMPLETE &amp; SIGN:</p> <p>I VERIFY THAT _____ IS MY GRANDCHILD/ LEGALLY ADOPTED GRANDCHILD.</p> <p>_____ SIGNATURE</p> <p>ADDRESS: _____</p> <p>CITY STATE ZIPCODE</p>		<p>IF GRANDPARENT COMPLETE &amp; SIGN:</p> <p>I VERIFY THAT _____ IS MY GRANDCHILD/ LEGALLY ADOPTED GRANDCHILD.</p> <p>_____ SIGNATURE</p> <p>ADDRESS: _____</p> <p>CITY STATE ZIPCODE</p>	
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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.

SIGNATURE

DATE

1/22 UND

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) .....	\$ _____	\$ _____
<b>TOTAL ADJUSTED TAXABLE AND NONTAXABLE INCOME</b> .....	<b>\$ _____</b>	<b>\$ _____</b>
MEDICAL & DENTAL EXPENSES NOT COVERED BY INSURANCE .....	\$ _____	\$ _____
EMERGENCY EXPENSES .....	\$ _____	\$ _____
FEDERAL INCOME TAX .....	\$ _____	\$ _____
STATE INCOME TAX .....	\$ _____	\$ _____
<b>TOTAL EXPENSES</b> .....	<b>\$ _____</b>	<b>\$ _____</b>
_____ 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 .....	\$ _____	<b>TOTAL</b> .....	\$ _____
Grants, scholarships, educational loans, and college work-study (give total dollar amount) .....	\$ _____	_____ Applicant's Signature	
<b>TOTAL</b> .....	<b>\$ _____</b>		