

HAWAII EDUCATION ASSOCIATION
SY 2022-2023 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
HEA member
non-HEA member

PERSONAL INFORMATION

PLEASE PRINT CLEARLY OR TYPE

Form with fields for: APPLICANT'S SOCIAL SECURITY NUMBER, LAST NAME, FIRST NAME, M.I., GENDER, DATE OF BIRTH, EMAIL ADDRESS, TELEPHONE NUMBERS, HOME ADDRESS, SCHOOL ADDRESS.

ALL COLLEGES AND UNIVERSITIES ATTENDED (List most recent first)

Table with columns: NAME OF SCHOOL (DO NOT USE INITIALS), DATES ATTENDED (From Mo./Yr., To Mo./Yr.), NAME OF DEGREE, DIPLOMA OR CERTIFICATE (abbreviate), YEAR RECEIVED.

WORK EXPERIENCES (LIST PRESENT SALARIED DOE EMPLOYMENT FIRST)

Table with columns: PLACE OF EMPLOYMENT (INCLUDE ADDRESS), DATES (FROM MO./YR., TO MO./YR.), POSITION HELD/ EMPLOYMENT STATUS.

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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