

HAWAII EDUCATION ASSOCIATION
SY 2026-2027 SCHOLARSHIP APPLICATION FORM
sponsored by the Helen MacKay Memorial

CHECK ONE

For school year 2026-2027

- Full-time Fall Semester
Full-time Spring Semester

STUDENT TEACHER

- HEA member (refer to requirements)
non-HEA member -> INELIGIBLE TO APPLY. PLEASE OBTAIN HEA MEMBERSHIP BEFORE CONTINUING.

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, NUMBER AND STREET, CITY, STATE, ZIP CODE.

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.

Table with columns: LIST BELOW ALL DEPENDENTS OF PARENTS OR APPLICANT. (Name, Age), Name of present school, college or occupation, Year in School, Check Appropriate Box (Public School, Private School, College), Cost of tuition and fees (including room and board).

DO ANY OF THE ABOVE HOLD SCHOLARSHIPS OR RECEIVE GIFT AID FOR SCHOOL? IF SO, WHICH CHILDREN?

Table with columns: 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	
	Estimated		Estimated
(Enter <i>annual</i> amounts only.)		(Enter <i>annual</i> amounts only.)	
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	\$ _____		