

HAWAII EDUCATION ASSOCIATION

HIGH SCHOOL STUDENT SCHOLARSHIP REQUIREMENTS AND PROCEDURES

The Hawaii Education Association (HEA) is offering two scholarships of \$2,000 each in academic year 2012-2013 to deserving high school seniors **who are HEA members, children of HEA members, or grandchildren or legally adopted grandchildren of HEA members. Members must be in good standing and shall have been members for at least one year.** These one-year scholarships are offered to students who will enroll in any two- or four-year state or nationally accredited institution of higher learning in the 2012-2013 academic year. Selections will be based on the following information:

1. Completed scholarship application form including nature of study or training desired and place of study or training.
2. Official High School Transcript (Provided and sent by the school.)
3. Personal Statement

On a separate sheet of paper, in no more than 300 words state: (a) your reasons for pursuing higher education, (b) your interests in your chosen field of study, and (c) how this scholarship can help you in achieving your goals and plans.

In addition, list and describe your participation in campus and community activities and scholastic or service honors received.

4. Completed HEA Financial Aid Form.
5. Recommendations from Teachers

At least three recommendations are required. Have teachers mail recommendation form directly to the HEA Scholarship Committee, 1953 South Beretania Street, Suite 5C, Honolulu, HI 96826. All information provided to the Committee will be held confidential.

The following table of points will be applied in scoring:

1-15 points	Abilities
1-15 points	Personal Statement
1-10 points	Teacher Recommendations
1-10 points	Financial Need

The HEA Scholarship Committee will review all applications and select the scholarship winners. The Committee's decision will be final. Questions may be directed to the Hawaii Education Association, 1953 South Beretania Street, Suite 5C, Honolulu, HI 96826, Telephone: 949-6657 or e-mail us at hea.office@heaed.com. Applications must be received by 12:00 Noon on Friday, **April 2, 2012**.

APPLICATION FORMS MAY BE REPRODUCED.

**HAWAII EDUCATION ASSOCIATION
SCHOLARSHIP APPLICATION FORM**

HIGH SCHOOL STUDENT

PLEASE PRINT CLEARLY OR TYPE

APPLICANT	LAST NAME	FIRST NAME	M.I.											
APPLICANT'S SOCIAL SECURITY NUMBER <table border="1" style="width:100%; text-align:center;"> <tr> <td style="width:25px;">X</td><td style="width:25px;">X</td><td style="width:25px;">X</td> <td style="width:25px;">X</td><td style="width:25px;">X</td> <td style="width:25px;"></td><td style="width:25px;"></td> </tr> </table>		X	X	X	X	X			DATE OF BIRTH <table border="1" style="width:100%; text-align:center;"> <tr> <td style="width:25px;">Month</td><td style="width:25px;">Day</td><td style="width:25px;">Year</td> </tr> </table>	Month	Day	Year	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	TELEPHONE NUMBER ()
X	X	X	X	X										
Month	Day	Year												
HOME ADDRESS	NUMBER AND STREET	CITY	STATE ZIP CODE											

PERSONAL AND EDUCATIONAL BACKGROUND				
HIGH SCHOOL _____		DATE OF GRADUATION _____		
ALL COLLEGES AND UNIVERSITIES ATTENDED (List most recent first)				
NAME OF SCHOOL (DO NOT USE INITIALS)	DATES ATTENDED		NAME OF COURSE(S) AND CREDITS EARNED	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	HOME ADDRESS
TELEPHONE NUMBER:	TELEPHONE NUMBER:
<p align="center">IF GRANDPARENT COMPLETE & SIGN:</p> <p>I VERIFY THAT _____ IS MY GRANDCHILD/ LEGALLY ADOPTED GRANDCHILD.</p> <p align="center">_____ SIGNATURE</p> <p>ADDRESS: _____</p> <p align="center">_____ CITY STATE ZIPCODE</p>	<p align="center">IF GRANDPARENT COMPLETE & SIGN:</p> <p>I VERIFY THAT _____ IS MY GRANDCHILD/ LEGALLY ADOPTED GRANDCHILD.</p> <p align="center">_____ SIGNATURE</p> <p>ADDRESS: _____</p> <p align="center">_____ CITY STATE ZIPCODE</p>

LIST BELOW ALL SIBLING(S) 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?

HAWAII EDUCATION ASSOCIATION
HIGH SCHOOL STUDENT SCHOLARSHIP APPLICATION FORM

NATURE OF STUDY OR TRAINING DESIRED

General 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

Have you applied for admission? _____ Where? _____

By which schools have you been accepted? _____

What scholarships do you now have and what is the amount? _____

If awarded a scholarship, I authorize the HEA to publish my name and photo for publicity purposes.

Signature

Date

HAWAII EDUCATION ASSOCIATION FINANCIAL AID FORM

CONFIDENTIAL

PARENTS' 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	\$ _____	\$ _____
B. Dividends and Interest.....	\$ _____	\$ _____
C. Net Profit from Business.....	\$ _____	\$ _____
D. Other Taxable Income.....	\$ _____	\$ _____
TOTAL TAXABLE INCOME.....	\$ _____	\$ _____
BUSINESS EXPENSES.....	\$ _____	\$ _____
ADJUSTED TAXABLE INCOME	\$ _____	\$ _____
NONTAXABLE INCOME (i.e. Social Security Benefits, Pension, Veteran 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.....	\$ _____	\$ _____

Parent's Signature		

STUDENT'S RESOURCES		STUDENT'S EXPENSES	
(Enter <i>annual</i> amounts only.)	Estimated	(Enter <i>annual</i> amounts only.)	Estimated
Support from student's parents	\$ _____	Student's tuition fees, books and supplies	\$ _____
Student's wages, salaries, tips, etc	\$ _____	Rent, mortgage, or room including utilities	\$ _____
Other taxable income.....	\$ _____	Food or board and household supplies	\$ _____
Social Security benefits.....	\$ _____	Clothing, laundry, and cleaning.....	\$ _____
Other nontaxable income and benefits.....	\$ _____	Transportation.....	\$ _____
Grants, scholarships, educational loans, and college work-study (give total dollar amount).....	\$ _____	Medical and dental.....	\$ _____
TOTAL.....	\$ _____	Other expenses.....	\$ _____
		TOTAL.....	\$ _____

Applicant's Signature			

HAWAII EDUCATION ASSOCIATION
HIGH SCHOOL TEACHER RECOMMENDATION

NAME: _____

N/A (not applicable) may be used in areas where there is insufficient data.

(Please circle appropriate ratings) 1 = Lowest; 5 = Highest

Understand that it is essential for human beings to work together and behave ethically	1	2	3	4	5	N/A
Ability to work in teams	1	2	3	4	5	N/A
Ability to be responsible for one's own learning and decision-making	1	2	3	4	5	N/A
Ability to work independently	1	2	3	4	5	N/A
Ability to demonstrate critical and creative thinking and problem solving	1	2	3	4	5	N/A
Ability to recognize and produce quality performances and products	1	2	3	4	5	N/A
Ability to communicate with a variety of audiences for a variety of purposes	1	2	3	4	5	N/A
Ability to write clearly and persuasively	1	2	3	4	5	N/A
Use a variety of technologies effectively	1	2	3	4	5	N/A

Other observations which may help us to know this applicant better: _____

Teacher's Signature _____ Print/Type Name _____

School _____ Subject _____

Date _____ Phone Number _____

HAWAII EDUCATION ASSOCIATION
TEACHER RECOMMENDATION FORM

INSTRUCTIONS FOR PARENTS AND APPLICANTS:

1. Please submit the Teacher Recommendation form to three of the applicant's present or former teachers to complete and return to HEA by the deadline specified.

2. Please provide the teachers with addressed, stamped envelopes using the following address:

HEA Scholarship Committee (Undergraduate)
1953 South Beretania Street, Suite 5C
Honolulu, HI 96826

3. The information on the Teacher Recommendation form is confidential.

Dear Teacher:

The Hawaii Education Association appreciates your completing the Teacher Recommendation form for this student. Your evaluation should be mailed directly to the Hawaii Education Association at the above address.

DEADLINE: April 2, 2012

Should you have any questions, please contact the HEA office at (808) 949-6657 or e-mail us at hea.office@head.com.