

PLEASE POST

HAWAII EDUCATION ASSOCIATION STUDENT TEACHER SCHOLARSHIP

Requirements and Procedures

The Hawaii Education Association (HEA) has established a Student Teacher Scholarship for its 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.

The primary intent of this scholarship is to minimize the need for employment during the student teaching semester. Two scholarships of \$3,000 each will be awarded to two student teachers who are enrolled in a full-time undergraduate or post baccalaureate program in any state-approved or nationally accredited institution of higher learning in the 2010-2011 academic year. Selection will be based on the following information:

1. Completed Student Teacher Scholarship Application Form. (Check semester of student teaching.)
2. Official College Transcript
3. Personal Statement

Give (a) reasons for choosing teaching as a career, and (b) experiences related to situations inherent in teaching, e.g. Tutoring, Club Advisorship. Plans for the future, extra-curricular interests and activities, membership in clubs/organizations, past and present work experiences, etc. may be cited. Statements should be no more than 300 words typed or legibly hand-written on a separate sheet.

4. Completed HEA Financial Aid Form.
5. Recommendation from College Faculty, or Principal of Masters of Education in Teaching (MET) Participant, or Observation Participation (OP) Teacher Supervisor.

Have individual completing recommendation form mail the form directly in envelopes provided to: HEA Scholarship Committee, 1953 South Beretania Street, Suite 3C, Honolulu, HI 96826. Information provided is held confidential.

The following table of points will be applied in scoring:

1-15 points	Ability
1-15 points	Personal Statement
1-15 points	Financial Need
1-5 points	Recommendation

The HEA Scholarship Committee will review all applications and select the two scholarship winners. The Committee's decision will be final. Questions may be directed to the Hawaii Education Association, 1953 South Beretania Street, Suite 3C, Honolulu, HI 96826, Telephone: 949-6657, Fax: 944-2032 or e-mail us at hea.office@heaed.com. Applications must be received by 12:00 Noon on Thursday, **April 1, 2010**.

**HAWAII EDUCATION ASSOCIATION
SCHOLARSHIP APPLICATION FORM**

CHECK ONE

For School year 2010-2011

[] Full-time Fall Semester

[] Full-time Spring Semester 2012

STUDENT TEACHER

PLEASE PRINT CLEARLY OR TYPE

APPLICANT	LAST NAME	FIRST NAME	M.I.
APPLICANT'S SOCIAL SECURITY NUMBER X X X X X [] [] []		DATE OF BIRTH Month [] Day [] Year []	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
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.		

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

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.

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.)			
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.....	\$ _____		

**HAWAII EDUCATION ASSOCIATION
STUDENT TEACHER
RECOMMENDATION FORM**

INSTRUCTIONS FOR PARENTS AND APPLICANTS:

1. Please submit the recommendation form to one of the applicant's present or former professors, Observation Participation (OP) Teacher/Supervisor or Principal of Masters of Education in Teaching (MET) participant, to complete and return to HEA by the deadline specified.
2. Please provide the person completing the form with an addressed, stamped envelope using the following address:

HEA Scholarship Committee (STS)
1953 South Beretania Street, Suite 3C
Honolulu, HI 96826

3. The information on the recommendation form is confidential.

Dear Rater:

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

DEADLINE: April 1, 2010

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