

PLEASE POST

HAWAII EDUCATION ASSOCIATION

UNDERGRADUATE COLLEGE STUDENT SCHOLARSHIP REQUIREMENTS AND PROCEDURES

The Hawaii Education Association (HEA) is offering two scholarships of \$2,000 each in academic year 2010-2011 to deserving undergraduate college students **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 will be awarded to continuing, full-time undergraduate students in any two- or four-year state or nationally accredited institution of higher learning in the 2010-2011 academic year. Selections will be based on the following information:

1. Completed Undergraduate College Student Scholarship Application Form.
2. Official College Transcripts
3. Personal Statement

The applicant should state the reasons for continuing his/her education. Future plans, extra-curricular interests and activities, positions held in organizations, membership in clubs, past and present employment records, etc. may be cited. (Please make your response of no more than 300 words on a separate sheet of paper.)

4. Financial Need

Completed HEA Financial Aid Form.

5. Recommendation from Faculty (A person paid by the institution to instruct, supervise or advise students)

A recommendation from a person familiar with the applicant's academic goals and performance is required. The letter should be relevant to the applicants program of studies. This letter is confidential and should be sent by the writer directly to: HEA Scholarship Committee, 1953 South Beretania Street, Suite 3C, Honolulu, HI 96826.

The following table of points will be applied in scoring:

| | |
|-------------|------------------------|
| 1-15 points | Abilities |
| 1-15 points | Personal Statement |
| 1-10 points | Financial Need |
| 1-5 points | Faculty Recommendation |

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

APPLICATION FORMS MAY BE REPRODUCED.

11/09 UND

**HAWAII EDUCATION ASSOCIATION CONFIDENTIAL
SCHOLARSHIP APPLICATION FORM**

UNDERGRADUATE COLLEGE STUDENT

PLEASE PRINT CLEARLY OR TYPE

| | | | | | | | | | | | | | | | | | |
|--|-------------------|------------|----------------|---|---|---|--|--|--|--|--|---|-------|-----|------|--|-------------------------|
| APPLICANT | LAST NAME | FIRST NAME | MI. | | | | | | | | | | | | | | |
| APPLICANT'S SOCIAL SECURITY NUMBER <table border="1"> <tr> <td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td></td><td></td><td></td><td></td><td></td> </tr> </table> | | X | X | X | X | X | | | | | | DATE OF BIRTH <table border="1"> <tr> <td>Month</td><td>Day</td><td>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

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: |
| IF GRANDPARENT COMPLETE & SIGN: I VERIFY THAT _____ IS MY GRANDCHILD/ LEGALLY ADOPTED GRANDCHILD. _____ SIGNATURE ADDRESS: _____ _____ CITY STATE ZIPCODE | | IF GRANDPARENT COMPLETE & SIGN: I VERIFY THAT _____ IS MY GRANDCHILD/ LEGALLY ADOPTED GRANDCHILD. _____ SIGNATURE ADDRESS: _____ _____ CITY STATE ZIPCODE | |

| 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.

SIGNATURE

DATE

12/06 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)..... | \$ _____ | \$ _____ |
| 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..... | | | |

HAWAII EDUCATION ASSOCIATION
COLLEGE FACULTY RECOMMENDATION

NAME _____
Last First Middle

COLLEGE/UNIVERSITY _____

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

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

| | | | | | | |
|---------------------------------|---|---|---|---|---|-----|
| Motivation (effort, drive) | 1 | 2 | 3 | 4 | 5 | N/A |
| Ability to work alone | 1 | 2 | 3 | 4 | 5 | N/A |
| Leadership potential | 1 | 2 | 3 | 4 | 5 | N/A |
| Relationship with adults | 1 | 2 | 3 | 4 | 5 | N/A |
| Personal/social adjustment | 1 | 2 | 3 | 4 | 5 | N/A |
| Ability to work in a group | 1 | 2 | 3 | 4 | 5 | N/A |
| Participation in discussion | 1 | 2 | 3 | 4 | 5 | N/A |
| Ability to express ideas orally | 1 | 2 | 3 | 4 | 5 | N/A |
| Organization of work | 1 | 2 | 3 | 4 | 5 | N/A |
| Follows directions | 1 | 2 | 3 | 4 | 5 | N/A |
| Consideration for others | 1 | 2 | 3 | 4 | 5 | N/A |
| Shows initiative | 1 | 2 | 3 | 4 | 5 | N/A |
| Fulfills responsibilities | 1 | 2 | 3 | 4 | 5 | N/A |
| Uses suggestions | 1 | 2 | 3 | 4 | 5 | N/A |

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

Faculty Member's Signature _____ Print/Type Name _____

Position _____ Date _____

Name of College/University _____ Phone Number _____

HAWAII EDUCATION ASSOCIATION
COLLEGE FACULTY RECOMMENDATION

INSTRUCTIONS FOR PARENTS AND APPLICANTS:

1. Please submit the College Faculty Recommendation form to one of the applicant's present or former professors to complete and return to HEA by the deadline specified.
2. Please provide the professor/faculty member with an addressed, stamped envelope using the following address:

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

3. The information on the College Faculty Recommendation form is confidential.

Dear College Faculty Member:

The Hawaii Education Association appreciates your completing the College Faculty 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.