



FAITH C. AI LAI HEA SCHOLARSHIP

STUDENT TEACHER SCHOLARSHIP FUND REQUIREMENTS AND PROCEDURES

The Faith C. Ai Lai HEA Student Teacher Scholarship program has been established for student teachers in and/or from the State of Hawaii who are enrolled in a full-time undergraduate or post-baccalaureate program in any accredited institution of higher learning in the State of Hawaii. The intent of this scholarship program is to alleviate the need for employment during the student teaching semester so that the recipient student teacher may concentrate his/her efforts on that task.

Two \$5,000 scholarships will be awarded to a qualifying student teacher who must have a grade point average of 3.5 or better. A payment of \$5,000 will be sent to the student/school before the beginning of the teaching semester. Final selections will be based on information requested on the Faith C. Ai Lai HEA Student Teacher Scholarship application form:

1. An official college transcript;
2. A 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.

3. A completed Faith C. Ai Lai HEA Student Teacher Financial Aid Form; and
4. Two written narratives accompanied by a numbered Recommendation Sheet. A recommendation must come from an educator who has observed or worked with the applicant in an educational setting, college class or with students. The completed recommendation form should be mailed directly to the Faith C. Ai Lai HEA Student Teacher Scholarship Committee, 1953 South Beretania Street, Suite 3C, Honolulu, HI 96826. Information provided by applicants will be held confidential.

The following table of points will be applied in scoring:

1-10 points	Ability
1-15 points	Personal Statement
1-15 points	Financial Need
1-10 points	Faculty Recommendation

The Faith C. Ai Lai HEA Student Teacher Scholarship Committee will review all applications and select the scholarship winner. The Committee's decision will be final. Please direct all questions to the Committee c/o Hawaii Education Association, 1953 South Beretania Street, Suite 3C, Honolulu, HI 96826, Telephone: 949-6657, Fax: 944-2032 or e-mail them at hea.office@heaed.com. Applications must be received by 12:00 Noon on Thursday, **April 1, 2010**.

APPLICATION FORMS MAY BE REPRODUCED.

HEA STUDENT TEACHER SCHOLARSHIP APPLICATION FORM

CONFIDENTIAL

CHECK ONE

For School year 2010-2011

[] Fall Semester

[] Spring Semester

(Although you are encouraged to answer all questions, you may omit the answer to a specific question if you wish.)

PLEASE PRINT CLEARLY OR TYPE

APPLICANT	LAST NAME		FIRST NAME			M.I.			
APPLICANT'S SOCIAL SECURITY NUMBER		DATE OF BIRTH		SEX	TELEPHONE NUMBER				
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Month	Day	Year	<input type="checkbox"/> Male <input type="checkbox"/> Female ()				
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 DEGREE, DIPLOMA OR CERTIFICATE (abbreviate)		YEAR RECEIVED			
		FROM MO./YR.	TO MO./YR.						
FATHER/GUARDIAN			MOTHER/GUARDIAN						
NAME			NAME						
HOME ADDRESS		TELEPHONE NUMBER		HOME ADDRESS		TELEPHONE NUMBER			
NAME AND ADDRESS OF EMPLOYER OR FIRM		TELEPHONE NUMBER		NAME AND ADDRESS OF EMPLOYER OR FIRM		TELEPHONE NUMBER			
NATURE OF BUSINESS		YEARS WITH FIRM		NATURE OF BUSINESS		YEARS WITH FIRM			
POSITION HELD			POSITION HELD						
LIST BELOW ALL CHILDREN List student applicant first. Give specific dollar amounts where requested		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)		
NAME	AGE					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 Scholarship Committee to publish my name and photo for publicity purposes.

Signature

Date

PARENTS' OR PERSONAL ANNUAL INCOME AND EXPENSES		
(Enter <i>annual</i> amounts only)		
	Fill in if you are Self-Supporting Applicant	Fill in if you are Dependent on Parent/Spouse
TAXABLE INCOME BEFORE DEDUCTION		
Wages, Salaries, Tips, Dividends, Interests, Other income:		
Father, Stepfather, or Guardian (circle one).....	\$ _____	\$ _____
Mother, Stepmother, or Guardian (circle one).....	\$ _____	\$ _____
Self.....	\$ _____	\$ _____
Spouse.....	\$ _____	\$ _____
TOTAL TAXABLE INCOME	\$ _____	\$ _____
TAXES:		
FEDERAL INCOME TAX.....	\$ _____	\$ _____
STATE INCOME TAX.....	\$ _____	\$ _____
TOTAL TAXES	\$ _____	\$ _____
<p>“Scholarship disqualification may occur if figures are found not to be true.”</p> <p>_____</p> <p align="center">Signature</p>		

STUDENT'S RESOURCES		STUDENT'S ESTIMATED EXPENSES	
(Enter <i>annual</i> amounts only.)	Estimated	(Amounts for one year only.)	Estimated
Other taxable income	\$ _____	Student's tuition fees, books and supplies	\$ _____
Social Security benefits	\$ _____	Rent, mortgage, or room including utilities .	\$ _____
Veterans-GI Bill benefits	\$ _____	Food or board and household supplies	\$ _____
Grant scholarships	\$ _____	Transportation	\$ _____
Educational loans	\$ _____	Medical and dental	\$ _____
College work-study	\$ _____	Other expenses (Specify:)	
TOTAL	\$ _____	_____	\$ _____
		_____	\$ _____
		_____	\$ _____
<p>“Scholarship disqualification may occur if figures are found not to be true.”</p> <p>_____</p> <p align="center">Applicant's Signature</p>			

FAITH C. AI LAI HEA STUDENT TEACHER SCHOLARSHIP

RECOMMENDATION FORM

NAME _____
Last First Middle

COLLEGE _____

(Please circle appropriate ratings) 1 = Lowest; 5 = Highest
N/A (not applicable) may be used in areas where there is insufficient data.

	Lowest				Highest		
Motivation	1	2	3	4	5		N/A
Ability to work alone	1	2	3	4	5		N/A
Ability to work in a group	1	2	3	4	5		N/A
Leadership potential	1	2	3	4	5		N/A
Relationship with colleagues	1	2	3	4	5		N/A
Relationship with students	1	2	3	4	5		N/A
Personal/social adjustment	1	2	3	4	5		N/A
Flexibility in adjusting to circumstances	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:

Rater's Signature _____ Print/Type Name _____

Position _____ Date _____

Name of College/University/School _____ Phone Number _____

FAITH C. AI LAI HEA STUDENT TEACHER SCHOLARSHIP

RECOMMENDATION FORM

INSTRUCTIONS FOR PARENTS AND APPLICANTS:

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

Faith C. Ai Lai HEA Student Teacher Scholarship Committee
c/o Hawaii Education Association
1953 South Beretania Street, Suite 3C
Honolulu, HI 96826

3. The information on the Recommendation Form will be kept confidential.

Dear Rater:

The Faith C. Ai Lai HEA Student Teacher Scholarship Committee appreciates your completing the Recommendation Form for this student. Your recommendation should be returned directly to the Committee at the above address.

DEADLINE: April 1, 2010

Should you have any questions, please contact the Faith C. Ai Lai HEA Student Teacher Scholarship Committee at (808) 949-6657 or e-mail them at hea.office@heaed.com