

SCHOLARSHIP APPLICATION

please answer the following questions as completely as possible and return this application as soon as possible by email, postal mail, or in person to our center (at least 2 days prior to the program)

Name: _____
Mailing Address/City/Zip: _____
Phone: Cell _____ Home _____ Work _____
Email: _____

What are the name and dates of the program to which you are applying for a scholarship?

How did you hear about this program?

Email from: _____ Newspaper Online/Website Radio Social Media
 Word of Mouth Other: _____

What do you hope to gain by attending the program?

How will you use the knowledge you acquire?

What is your employment status?

Employed Self-Employed Part-Time Unemployed Retired
 Student Homemaker Military Disabled Temporarily Disabled

What is your financial need for a scholarship?

What is your total household monthly income (after taxes, for all family members living in the house)? \$ _____

Please include: all earnings, unemployment, workers comp, social security, SSI disability, public assistance, veteran benefits, survivor benefits, pension or retirement, alimony, child support, etc. (Do not include food stamps or housing subsidies.)

What is your total household monthly expense (for all family members living in the house)? \$ _____

What is the total number of family members in your household (including YOU)? _____

Ku'ikahi does not currently give full scholarships. What portion of tuition could you afford to pay? \$ _____

I hereby affirm that all the above information provided by me is true and correct to the best of my knowledge.

Signature: _____ Date: _____