Ku'ikahi Mediation Center
*Finding Solutions, Growing Peace*

*We empower people to come together—*
*to talk and to listen, to explore options,*
*and to find their own best solutions.*

# SCHOLARSHIP APPLICATION

*Ku'ikahi Mediation Center offers individual needs-based partial scholarships on a case-by-case basis. 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 5 business 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: _____

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