**Objective:** To support, encourage and give financial assistance to high school graduates and those interested in the pursuit of higher learning who are directly affiliated with the club, as members, dependent children of members in good standing.

**Qualifications:**

1. Hui member, if 18 years of age; if not, then dependent child of Hui member in good standing.

2. Applicant is a resident of San Diego County.

3. High school graduate entering or attending university, college, business, or vocational school.

4. Recipient of this award is limited to four years.

**Procedure:**

1. Complete attached fillable application.

2. Submit Personal Essay Submission.

3. Submit two letters of recommendation from **(submit new letters if this is greater than 2nd year applying):**

a. Current professional reference e.g. faculty, counselor, teacher’s assistance, or mentor

b. Personal reference e.g. community leader, church counselor, etc.

4. Submit your most recent official transcript and/or grade report.

5. Submit copy of current registration or letter of acceptance from college.

6. Notification will be made to all applicants approximately 60 days after the deadline.

**Applicant, please identify which scholarship you are applying for:**

|  |
| --- |
|[ ]  Hui O Hawai’i of San Diego Scholarship |
|  |  |
|[ ]  Other Scholarship |

**PLEASE SUBMIT TO:**

Educational Assistance Program Chairperson and or 2nd Vice President:

US Mail: PO Box 1668, San Diego CA 91979

Email: 2ndvicepresident@hohsd.org

**APPLICATION DEADLINE: APRIL 15, 2023 (Postmarked on or emailed by midnight of)**

**HUI-O-HAWAII OF SAN DIEGO**

**EDUCATIONAL ASSISTANCE PROGRAM**

**APPLICATION**

**SECTION ONE**

**STUDENT INFORMATION**

|  |  |
| --- | --- |
| **Student Name:** | Click or tap here to enter text. |
| **Address:** | Click or tap here to enter text. |
| **Telephone:** | (XXX) XXX-XXXX | **Email Address:** | Click or tap here to enter text. |
| **Gender:** | Choose an item. | **Date of Birth:** | XX/XX/XXXX | **Marital Status:** | Choose an item. |
| **Parents(s)/Guardian(s) Name:** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Name of School Currently Attending:** | Click or tap here to enter text. |
|  |
| **This School is a:** | Choose an item. |
|  |
| **Over-all Grade Point Average:** | Click or tap here to enter text. |
|  |
| **School Attending in the Fall:** | Click or tap here to enter text. |
| **First Choice:** | Click or tap here to enter text. |
| **Second Choice:** | Click or tap here to enter text. |
| **This School is a:** | Choose an item. |
|  |  |
| Are you a full-time student **(12 units per semester)** or a part-time student **(6 units per semester)**? | Choose an item. |
| **Intended Major:** | Click or tap here to enter text. |
| **Year you will graduate from college:** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Degree you will be pursuing:** | Choose an item. |

**SECTION TWO**

**Hui-O-Hawaii of San Diego Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Are you a Hui Member?**  | Choose an item. | **If yes, give date of membership** | Click or tap here to enter text. |
| **Is your family Hui Members?**  | Choose an item. | **If yes, give Name of Hui Member** | Click or tap here to enter text. |
| **What has been your affiliation with the Hui?** | Click or tap here to enter text. |
| **What has been your family affiliation with the Hui?** | Click or tap here to enter text. |
| **Have you received past Educational Assistance from the Hui?** | Choose an item. |
| **If yes, please list dates by school year** | Click or tap here to enter text. |

**Note: A recipient shall not receive more than 4 years of educational assistance.**

The purposes of the Hui-O-Hawaii of San Diego is:

a. To preserve the cultural heritage of Hawaii.

b. To create and foster a spirit of Aloha between friends and people of Hawaii.

c. To take an active interest in the civic, social, and moral welfare of the community.

d. To unite the membership in bonds of friendship, good fellowship, and mutual understanding.

**How do you feel that you as an individual could fulfill any or all these purposes?**

**(May attach extra sheet if necessary):**

|  |
| --- |
| Click or tap here to enter text. |

**SECTION THREE**

**Extra-Curricular Activities, Honors, Community Service & Work Experience**

Please list your Extra-Curricular Activities, Honors & Community Service (unpaid):

|  |  |
| --- | --- |
| **FROM/TO** | **ACTIVITY/POSITION HELD** |
| Click or tap here to enter text. | Click or tap here to enter text. |
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Please list any part-time or full-time work:

|  |  |
| --- | --- |
| **FROM/TO** | **WORK EXPERIENCE/POSITION HELD** |
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**SECTION FOUR**

**Personal Essay Submission**

**Please type the words “Personal Essay Statement” at the top of the first page, along with your first and last name (and attach essay along with application and other supporting documents).**

Your personal essay submission should be no more than two pages, typed, double spaced, with

12-point type and one-inch margins. Any additional pages will not be considered.

Choose one topic from below, typing your choice as the title page and as it appears below.

**1. If you were President of HOHSD, what strategic ideas would you suggest increasing membership patronage to bring multi-generational participation?**

**2. Who, within the Hawaiian Monarchy, has inspired you the most and why?**

**3. How will you use your degree to benefit the Hawaiian Community?**

**SECTION FIVE**

**Agreement:**

It is my understanding that if, for any reason I do not enroll in the institution or complete the course of studies indicated on the application form, the financial assistance monies must be returned within 120 days thereafter. I understand that if selected, I must send a copy of my grade report or official transcript to Hui-O-Hawaii of San Diego Financial Assistance Program Chairman, no later than 45 days from the end of the term/or semester.

|  |  |  |
| --- | --- | --- |
| Click or tap here to enter text. |  | Click or tap here to enter text. |
| Applicant’s Signature | Date |

|  |
| --- |
|  |

**Scholarship Committee Use Only:**

|  |  |  |  |
| --- | --- | --- | --- |
| Board Action: |  | Date: |  |
| Award Amount: |  |
| Presentation Event Date: |  |
| Chairperson: |  |