

**Educational Assistance Program Application**

**Cover Sheet**

**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 or

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 the attached fillable application.

2. Submit your personal essay submission.

3. Submit two letters of recommendation from:

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

b) personal reference e.g. community leader, church counselor, etc.

 (submit new letters if this is greater than your 2nd year applying)

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

5. Submit a copy of your current college registration or letter of acceptance.

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

**Please submit by email to:** Directors@hohsd.org

**Or by mail to:**

HOHSD Director of Youth

374 East H Street

Ste A 463

Chula Vista, CA 91910-7496

**APPLICATION DEADLINE: APRIL 15th** (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:** Click or tap here to enter text. **Email Address:** Click or tap here to enter text.

**Gender:** Click or tap here to enter text. **Date of Birth:** Click or tap to enter a date.

**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 to enter a date.

**Do you have family members who are Hui members?** Choose an item.

**If yes, please provide their name(s):** 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/scholarships 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 purpose of the Hui O Hawaii of San Diego is:

1. To preserve the cultural heritage of Hawaii.
2. To create and foster a spirit of Aloha between friends and people of Hawaii.
3. To take an active interest in the civic, social, and moral welfare of the community.
4. 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 of these purposes?**

(May attach an extra sheet if necessary)



**Section Three**

**Extra-curricular Activities, Honors, Community Service, and Work Experience**

**Please list your extra-curricular activities, honors, and community service (unpaid):**

From/To: Click or tap here to enter text. Activity/Position held: Click or tap here to enter text.

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From/To: Click or tap here to enter text. Activity/Position held: Click or tap here to enter text.

**Please list any part-time or full-time work:**

From/To: Click or tap here to enter text. Experience/Position held: Click or tap here to enter text.

From/To: Click or tap here to enter text. Experience/Position held: Click or tap here to enter text.

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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 your essay along with your application and other supporting documents.**

Your personal essay submission should be no more than two pages, typed, double spaced, with 12-point font and one-inch margins. Any additional pages will not be considered.

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

1. **In what ways has Hawaiian culture shaped your personal values and beliefs, and how do you apply these in your daily life?**
2. **Can you share an experience where Hawaiian traditions or customs significantly impacted a decision you made?**
3. **How do you envision using your knowledge of Hawaiian culture to contribute to your community and preserve its heritage for future generations?**

**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.

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Applicant’s Signature Date

**Scholarship Committee Use Only:**

Board Action: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date

Award Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Presentation Event Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chairperson: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

