

HAWAII EDUCATION ASSOCIATION

**CONTINUING COLLEGE STUDENT**  
SY 2020-2021 SCHOLARSHIP REQUIREMENTS AND PROCEDURES

The Hawaii Education Association (HEA) is offering two scholarships of \$1,000 each in academic year 2020-2021 to deserving undergraduate college and post graduate college students pursuing a career in education (preference will be given to those in preK-12 teaching and who are HEA members, children of HEA members, or grandchildren or legally adopted grandchildren of HEA members. Members must be in good standing and shall have been members for at least one year). Employees, officers & directors of HEA, and their immediate family members and individuals living in the same household (whether related or not) of such employee, officer or director are not eligible to apply.

These one-year scholarships will be awarded to continuing, full-time college students pursuing a career in education (preference will be given to those in preK-12 teaching) in any two- or four-year state or nationally accredited institution of higher learning in the 2020-2021 academic year. Selections will be based on the following information:

1. Completed Continuing College Student Scholarship Application Form.
2. Official College Transcripts
3. Personal Statement

The applicant should state the reasons for continuing his/her education and what he/she will contribute to the teaching profession. Future plans, extra-curricular interests and activities, positions held in organizations, membership in clubs, past and present employment records, etc. may be cited. (Please make your response of no more than 300 words on a separate sheet of paper.)

4. Financial Need

Completed HEA Financial Aid Form.

5. Recommendation from Faculty (A person paid by the institution to instruct, supervise or advise students)

A recommendation from a person familiar with the applicant's academic goals and performance is required. The letter should be relevant to the applicants program of studies. This letter is confidential and should be sent by the writer directly to: HEA Scholarship Committee, 1953 South Beretania Street, Suite 5C, Honolulu, HI 96826 or send via e-mail.

The following table of points will be applied in scoring:

1-15 points	Abilities
1-15 points	Personal Statement
1-10 points	Financial Need
1-5 points	Faculty Recommendation

The HEA Scholarship Committee will review all applications and select the scholarship winners. The Committee's decisions will be final. Questions may be directed to the Hawaii Education Association, 1953 South Beretania Street, Suite 5C, Honolulu, HI 96826, Telephone: 949-6657 or e-mail us at [hea.office@hawaiieducationassociation.org](mailto:hea.office@hawaiieducationassociation.org). Applications must be received by **12:00 Noon** on Wednesday, **April 1, 2020** via mail or e-mail.

**APPLICATION FORMS MAY BE DUPLICATED AND AVAILABLE ONLINE AT**  
**WWW.HAWAIIEDUCATIONASSOCIATION.ORG**

**CHECK ONE**

- HEA Member  
 non-HEA Member

**HAWAII EDUCATION ASSOCIATION  
 SY 2020-2021 SCHOLARSHIP APPLICATION FORM**

**CONTINUING COLLEGE STUDENT**

**PLEASE PRINT CLEARLY OR TYPE**

APPLICANT'S SOCIAL SECURITY NUMBER					LAST NAME			FIRST NAME			M.I.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH		EMAIL ADDRESS				TELEPHONE NUMBERS Bus. _____ Res. _____ Cell _____			
HOME ADDRESS		NUMBER AND STREET				CITY		STATE	ZIP CODE		

**PERSONAL AND EDUCATIONAL BACKGROUND  
 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.		

<b>HEA MEMBER: FATHER/GUARDIAN/GRANDFATHER</b>		<b>HEA MEMBER: MOTHER/GUARDIAN/GRANDMOTHER</b>	
NAME OF MEMBER(S):		NAME OF MEMBER(S):	
HOME ADDRESS	TELEPHONE NUMBER:	HOME ADDRESS	TELEPHONE NUMBER:

<p align="center"><b>IF GRANDPARENT COMPLETE &amp; SIGN:</b></p> <p>I VERIFY THAT _____ IS MY GRANDCHILD/ LEGALLY ADOPTED GRANDCHILD.</p> <p align="center">SIGNATURE _____</p> <p>ADDRESS: _____</p> <p align="center">CITY STATE ZIPCODE</p>	<p align="center"><b>IF GRANDPARENT COMPLETE &amp; SIGN:</b></p> <p>I VERIFY THAT _____ IS MY GRANDCHILD/ LEGALLY ADOPTED GRANDCHILD.</p> <p align="center">SIGNATURE _____</p> <p>ADDRESS: _____</p> <p align="center">CITY STATE ZIPCODE</p>
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LIST BELOW ALL SIBLINGS List student applicant first. Give specific dollar amounts where requested. NAME AGE	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)
					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 HEA to publish my name and photo for publicity purposes.

HAWAII EDUCATION ASSOCIATION FINANCIAL AID FORM

CONFIDENTIAL

PARENTS' OR APPLICANT'S PERSONAL ANNUAL INCOME AND EXPENSES		
(Enter <i>annual</i> amounts only)	(Estimated)	
TAXABLE INCOME BEFORE DEDUCTION	LAST YEAR	THIS YEAR
A. Wages, Salaries, Tips, etc. Father, Stepfather, or Guardian .....	\$ _____	\$ _____
Mother, Stepmother, or Guardian .....	\$ _____	\$ _____
Self .....	\$ _____	\$ _____
Spouse .....	\$ _____	\$ _____
B. Dividends and Interest .....	\$ _____	\$ _____
C. Net Profit from Business .....	\$ _____	\$ _____
D. Other Taxable Income .....	\$ _____	\$ _____
TOTAL TAXABLE INCOME .....	\$ _____	\$ _____
BUSINESS EXPENSES .....	\$ _____	\$ _____
ADJUSTED TAXABLE INCOME .....	\$ _____	\$ _____
NON-TAXABLE INCOME (i.e. Social Security, Pension, Veteran's Benefits, Welfare Benefits) .....	\$ _____	\$ _____
<b>TOTAL ADJUSTED TAXABLE AND NONTAXABLE INCOME</b> .....	<b>\$ _____</b>	<b>\$ _____</b>
MEDICAL & DENTAL EXPENSES NOT COVERED BY INSURANCE .....	\$ _____	\$ _____
EMERGENCY EXPENSES .....	\$ _____	\$ _____
FEDERAL INCOME TAX .....	\$ _____	\$ _____
STATE INCOME TAX .....	\$ _____	\$ _____
<b>TOTAL EXPENSES</b> .....	<b>\$ _____</b>	<b>\$ _____</b>
_____ Signature		

STUDENT'S RESOURCES		STUDENT'S EXPENSES	
(Enter <i>annual</i> amounts only.)		(Enter <i>annual</i> amounts only.)	
	Estimated		Estimated
Support from student's parents .....	\$ _____	Student's tuition fees, books and supplies. . .	\$ _____
Support from spouse's parents .....	\$ _____	Rent, mortgage, or room including utilities . .	\$ _____
Student's wages, salaries, tips, etc .....	\$ _____	Food or board and household supplies .....	\$ _____
Spouse's wages, salaries, tips, etc. ....	\$ _____	Clothing, laundry, and cleaning .....	\$ _____
Other taxable income	\$ _____	Transportation .....	\$ _____
Social Security benefits .....	\$ _____	Medical and dental .....	\$ _____
Veterans-GI Bill benefits .....	\$ _____	Other expenses .....	\$ _____
Other nontaxable income and benefits .....	\$ _____	<b>TOTAL</b> .....	\$ _____
Grants, scholarships, educational loans, and college work-study (give total dollar amount) .....	\$ _____	_____ Applicant's Signature	
<b>TOTAL</b> .....	<b>\$ _____</b>		