

HAWAII EDUCATION ASSOCIATION
SY 2020-2021 STUDENT TEACHER SCHOLARSHIP
Sponsored by the Helen MacKay Memorial

Requirements and Procedures

The Hawaii Education Association (HEA) and the family of Helen MacKay have established a Student Teacher Scholarship to minimize the need for employment during the student teaching semester. 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.

Two scholarships of \$2,000 each will be awarded to two student teachers intending to teach in the Hawaii State Department of Education who are enrolled in a State Approved Teacher Education Program as a full-time undergraduate or post baccalaureate candidate in any state-approved or nationally accredited institution of higher learning or enrolled in a Hawaii SATE alternative licensure program in the 2020-2021 academic year. Selection will be based on the following information:

1. Completed Student Teacher Scholarship Application Form. (Check semester of student teaching.)
2. Official College Transcript
3. Personal Statement

Give (a) reasons for choosing teaching as a career and what will you contribute to the teaching profession, and (b) experiences related to situations inherent in teaching, e.g. Tutoring, Club Advisorship. Plans for the future, extra-curricular interests and activities, membership in clubs/organizations, past and present work experiences, etc. may be cited. Statements should be no more than 300 words typed or legibly hand-written on a separate sheet.

4. Completed HEA Financial Aid Form.
5. Recommendation from College Faculty, or Principal of Masters of Education in Teaching (MET) Participant, or Observation Participation (OP) Teacher Supervisor.

Have individual completing recommendation form mail the form directly in envelopes provided to: HEA Scholarship Committee, 1953 South Beretania Street, Suite 5C, Honolulu, HI 96826 or send via e-mail. Information provided is held confidential.

The following table of points will be applied in scoring:

1-15 points	Ability
1-15 points	Personal Statement
1-15 points	Financial Need
1-5 points	Recommendation

The HEA Scholarship Committee will review all applications and select the two scholarship winners. The Committee's decision will be final. Questions may be directed to the Hawaii Education Association, 1953 South Beretania Street, Suite 5C, Honolulu, HI 96826, Telephone: 949-6657, Fax: 944-2032 or e-mail us at hea.office@hawaiieducationassociation.org. Applications must be received by **12:00 Noon** on Monday, **June 15, 2020** via mail or e-mail.

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

HAWAII EDUCATION ASSOCIATION
SY 2020-2021 SCHOLARSHIP APPLICATION FORM
sponsored by the Helen MacKay Memorial

CHECK ONE

For school year 2020-2021

[] Full-time Fall Semester

[] Full-time Spring Semester

STUDENT TEACHER

PLEASE PRINT CLEARLY OR TYPE

Form with fields for APPLICANT'S SOCIAL SECURITY NUMBER, LAST NAME, FIRST NAME, M.I., GENDER, DATE OF BIRTH, EMAIL ADDRESS, TELEPHONE NUMBERS, HOME ADDRESS, NUMBER AND STREET, CITY, STATE, ZIP CODE.

ALL COLLEGES AND UNIVERSITIES ATTENDED (List most recent first)

Table with columns: NAME OF SCHOOL (DO NOT USE INITIALS), DATES ATTENDED (FROM MO./YR., TO MO./YR.), NAME OF DEGREE DIPLOMA OR CERTIFICATE (abbreviate), YEAR RECEIVED.

Table with columns: LIST BELOW ALL DEPENDENTS OF PARENTS OR APPLICANT. (Name, Age), Name of present school, college or occupation, Year in School, Check Appropriate Box (Public School, Private School, College), Cost of tuition and fees (including room and board).

DO ANY OF THE ABOVE HOLD SCHOLARSHIPS OR RECEIVE GIFT AID FOR SCHOOL? IF SO, WHICH CHILDREN?

Table with columns: NAME, AMOUNT, FROM WHOM?

If awarded a scholarship, I authorize the HEA to publish my name and photo for publicity purposes.

Signature

Date

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)	\$ _____	\$ _____
TOTAL ADJUSTED TAXABLE AND NONTAXABLE INCOME	\$ _____	\$ _____
MEDICAL & DENTAL EXPENSES NOT COVERED BY INSURANCE	\$ _____	\$ _____
EMERGENCY EXPENSES	\$ _____	\$ _____
FEDERAL INCOME TAX	\$ _____	\$ _____
STATE INCOME TAX	\$ _____	\$ _____
TOTAL EXPENSES	\$ _____	\$ _____
_____ Signature		

STUDENT'S RESOURCES		STUDENT'S EXPENSES	
	Estimated		Estimated
(Enter <i>annual</i> amounts only.)		(Enter <i>annual</i> amounts only.)	
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	\$ _____	TOTAL	\$ _____
Grants, scholarships, educational loans, and college work-study (give total dollar amount)	\$ _____	_____ Applicant's Signature	
TOTAL	\$ _____		