

**HAWAII EDUCATION ASSOCIATION**  
**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 \$3,000 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 2019-2020 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](mailto:hea.office@hawaiieducationassociation.org). Applications must be received by 12:00 Noon on Monday, **June 17, 2019** via mail or e-mail.

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

**HAWAII EDUCATION ASSOCIATION  
SCHOLARSHIP APPLICATION FORM**  
sponsored by the Helen MacKay Memorial

CHECK ONE

- For School year 2019-2020  
 Full-time Fall Semester  
 Full-time Spring Semester

**STUDENT TEACHER**

**PLEASE PRINT CLEARLY OR TYPE**

APPLICANT	LAST NAME	FIRST NAME			M.I.				
APPLICANT'S SOCIAL SECURITY NUMBER		DATE OF BIRTH		GENDER		TELEPHONE NUMBER			
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>				<input type="radio"/> Male <input type="radio"/> Female					
HOME ADDRESS	NUMBER AND STREET			CITY	STATE	ZIP CODE			
<b>ALL COLLEGES AND UNIVERSITIES ATTENDED (List most recent first)</b>									
NAME OF SCHOOL (DO NOT USE INITIALS)		DATES ATTENDED		NAME OF DEGREE, DIPLOMA OR CERTIFICATE (abbreviate)		YEAR RECEIVED			
		From Mo./Yr.	To Mo./Yr.						
LIST BELOW ALL DEPENDENTS OF PARENTS OR APPLICANT.		Name	Age	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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

HAWAII EDUCATION ASSOCIATION FINANCIAL AID FORM

CONFIDENTIAL

PARENTS' OR APPLICANT'S PERSONAL ANNUAL INCOME AND EXPENSES

	(Estimated)	
(Enter <i>annual</i> amounts only)	LAST YEAR	THIS YEAR
TAXABLE INCOME BEFORE DEDUCTION		
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>	\$ _____	\$ _____
MEDICAL & DENTAL EXPENSES NOT COVERED BY INSURANCE.....	\$ _____	\$ _____
EMERGENCY EXPENSES.....	\$ _____	\$ _____
FEDERAL INCOME TAX.....	\$ _____	\$ _____
STATE INCOME TAX.....	\$ _____	\$ _____
<b>TOTAL EXPENSES.....</b>	\$ _____	\$ _____
_____		
Signature		

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