

SCHOLARSHIP APPLICATION for Hawai'i Island Students BELL-Rhode Island Programs 2014

Please complete the application information below and e-mail to <u>info@kohalacenter.org</u>, fax to 808-885-6707, or mail to The Kohala Center, P.O. Box 437462, Kamuela, Hawai'i 96743. Applications must be received by 5:00 p.m. on Friday, March 28, 2014.

For more information, please call 808-887-6411 or e-mail amajidah@kohalacenter.org.

STUDENT INFORMATION

STUDENT INF	ORMATION					
Student's Name						
Address 1						
Address 2						
City		ZIP Code				
Cell Phone						
E-mail						
Date of Birth		Gender	☐ Male ☐ Female			
School Currently Attending	Current Grade					
Planned Course of Study Please choose the program/dates for which you are applying (you may choose more than one): BELL Sustainable Development June 23–July 3, 2014 BELL Sustainable Development July 7–18, 2014 BELL Field Ecology July 21–August 1, 2014 How did you hear about this opportunity? Newspaper ad Newspaper article Radio Online media Other: Scholarship Requested						
Program tuition fees are \$3,924. Flights are approximately \$1,000. The Kohala Center (TKC) and Brown University are offering full-tuition scholarships. Families will be responsible for covering travel costs to get to and from Ithaca, New York. If needed, TKC may be able to assist families with some travel costs. Are you able to cover full travel/airfare costs to attend the program? Yes No						
If not, what are you able to contribute towards travel? \$						
If not, what are you able to contribute towards travel.						

PARENT/GUA	DDIAN	I INEODN	AATION				
Name of Parent/	KDIAI	VIIVI OIL	MATION				
Guardian #1							
Mailing Address							
City			St	tate		ZIP Code	
Day Phone		Evening Phone					
E-mail							
Title/Occupation		Employer					
Name of Parent/ Guardian #2							
Mailing Address							
City			St	tate		ZIP Code	
Day Phone			Ev	venin	g Phone		
E-mail							
Title/Occupation		Employer					
Taxable Household (If parents/guardian	ation des at m l Income ns filed se	ore than on e from most eparately, pl	e home, please recent Federal lease enter the t	com _l l Tax total (plete information for the contraction of the contra	for each custo	odial parent/guardian.
							s). Please include a copy of lete without proper tax
documentation include		, , ,	- J	<i>TI</i>		I	
Parents' Assets (ple	ase write	e in today's v	alues)				
Cash, Savings and			,	Investments (Stocks,			
Checking Accounts				CDs, money market accounts, etc.)		et	
Monthly Mortgage or					Business and/or Farm		
Rent							
Student's Assets (pi	lease wri	te in today's	values)				
Cash, Savings and					Investments (Stocks,		
Checking Accounts					CDs, money market		
				a	accounts, etc.)		

Adults over 21 in home: ____ Children 0-18: ____ Children 18-21: ____

Annual contribution towards education (college or private school tuition): \$__

Number of siblings attending college: _____

Is student(s) recipient of scholarship or financial aid? \(\text{Yes} \) Yes		
If Yes, please describe:		
Does your Child qualify for Free or Reduced School Lunch Program or MedQuest? Yes No		
Describe any other circumstances to support your family's need for financial assistance for this program: (optional)		