



Cornell University CATALYST Academy Program — July 13–19, 2014
Scholarship Application for Hawai'i Island Students

Please complete the application information below and e-mail to info@kohalacenter.org, 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, February 28, 2014.

STUDENT INFORMATION

Student's Name					
Address 1					
Address 2					
City		State		ZIP Code	
Cell Phone			Alt Phone		
E-mail					
Date of Birth				Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female

SCHOOL INFORMATION

School Currently Attending					
Public or Private?	<input type="checkbox"/> Public <input type="checkbox"/> Private				
School Address					
City		State		ZIP Code	
School Phone Number			Current Grade		

How did you hear about this opportunity?

- Newspaper ad
 Newspaper article
 Online media
 Through school
 Web site
 Facebook
 Radio
 Other: _____

Scholarship Requested

Program tuition fees are \$1,450. Flights are approximately \$1,000. The Kohala Center (TKC) is 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? \$ _____

PARENT/GUARDIAN INFORMATION

Name of Parent/ Guardian #1					
Mailing Address					
City		State		ZIP Code	
Day Phone			Evening Phone		
E-mail					
Title/Occupation			Employer		

Name of Parent/ Guardian #2					
Mailing Address					
City		State		ZIP Code	
Day Phone			Evening Phone		
E-mail					
Title/Occupation			Employer		

Does student live with one or both parents/guardians? One Both

Financial Information

If the applicant resides at more than one home, please complete information for each custodial parent/guardian.

Taxable Household Income from most recent Federal Tax Return:

(If parents/guardians filed separately, please enter the total of both returns).

***Please attach a complete copy of parent/guardians most recent IRS tax returns with W-2 form (s). Please include a copy of each parent's tax return if they file separately. Scholarship applications will be considered incomplete without proper tax documentation included.*

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

Number of siblings attending college: _____

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

Is student(s) recipient of scholarship or financial aid? Yes No

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)