



Brown University

**Scholarship Application for Hawai'i Island Students
BELL in Hawai'i Program
March 22 – March 29, 2013**

Student Information

Student's Name: _____
First Middle Last

Address: _____
Street City Zip Code

Mailing Address (if different) _____

E-mail Address: _____ Phone: _____

Gender: Male ___ Female ___ Date of Birth: _____

School: _____ Current Grade: _____

Where did you hear about this opportunity? Print newspaper advert Print Newspaper article
 Online media Through school Web site Facebook Radio

Scholarship Requested

Program tuition fees are \$3,145. We would like families to make a contribution towards the tuition fees when possible so that we can offer the program to more students. Please state what you feel you can contribute.

Family Contribution: _____ Scholarship Requested: _____

Parent/Guardian Information

Name of Parent/Guardian 1: _____

Street Address: _____ Apt# _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

E-mail Address: _____

Title/Occupation: _____ Employer: _____

Name of Parent/Guardian 2: _____

Street Address: _____ Apt# _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

E-mail Address: _____

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.**

Parents Assets (please write in today’s value)

Cash, Savings and Checking Accounts: \$_____

Investments (Stocks, CDs, money market accounts etc.): \$_____

Home (renters write in the monthly rental amount): \$_____

Business and/or farm: \$_____

Student’s Assets (please write in today’s value)

Cash, Savings and Checking Accounts: \$_____

Investments: \$_____

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? ____

If so 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)

Please include completed scholarship forms with your application and mail to:

The Kohala Center
P.O. Box 437462
Kamuela, HI 96743
or fax: 885-6707

The application deadline for this scholarship is January 4, 2013

For more information, call 756-1786 or e-mail Erica Perez @ eperez@kohalacenter.org