THE KOHALA CENTER
education. environment. empowerment.

Scholarship Application for Hawai'i Island Students
BELL in Hawai'i Program
April 2-9, 2010

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: _____Grade in Fall 2009: _____

Program Tuition: $2,716
Family Contribution: _____ Scholarship Requested: _____

** 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.

Parent/Guardian Information

Name of Parent/Guardian 1: _____
Street Address: _____ Apt#_____
City: _____ State: _____ Zip: _____
Mailing Address (if different): _____
Day Phone: _____ Evening Phone: _____
E-mail Address: _____Years of school completed: _____
Place of Employment: _____Position: _____

Name of Parent/Guardian 2: _____
Address: _____ Apt#_____
City: _____ State: _____Zip: _____
Mailing Address (if different): _____
Day Phone: _____Evening Phone: _____
E-mail Address: _____Years of school completed: _____
Place of Employment: _____Position: _____

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

Family Information

Complete information for custodial parent/guardian if the student resides at more than one home.

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 parents tax return if they file separately.

****Scholarship application will be considered incomplete without proper tax documentation included.**

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

Number attending college: ____ private schools: _____

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 29, 2010

For more information, call 443-2755 or e-mail Samantha Birch at sbirch@kohalacenter.org