



**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 IRS tax returns with W-2 form(s). Please include a copy of each parents' tax return if filing 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?  Yes  No

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)

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

The Kohala Center  
P.O. Box 437462  
Kamuela, HI 96743  
or Fax: 808-885-6707

**The deadline for this scholarship is 5:00 p.m. on Friday, February 26, 2010.**

For more information, call 808-443-2755 or e-mail [sbirch@kohalacenter.org](mailto:sbirch@kohalacenter.org).