



Cornell University CATALYST Academy Program — July 12–18, 2015 Scholarship Application

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 27, 2015.

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 \$1,500. 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)