

Cornell University CURIE Academy Program — July 12-18, 2015 Scholarship Application

Please complete the application information below and e-mail to <u>info@kohalacenter.org</u>, 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	Male Female

SCHOOL INFORMATION

School					
Currently					
Attending					
Public or	Public Private				
Private?					
School					
Address					
City		State		ZIP Code	
School Phone Number		Curren	t 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? \$_

P.O. Box 437462 | Kamuela, Hawai'i 96743 | Tel. 808-887-6411 | Fax 808-885-6707 | Visit: www.kohalacenter.org The Kohala Center is an equal opportunity provider and employer.

PARENT/GUARDIAN INFORMATION

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

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

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