

**HUI O HAWAII OF SAN DIEGO
EDUCATIONAL ASSISTANCE PROGRAM
APPLICATION COVER SHEET**

Objective: To support, encourage and give financial assistance to high school graduates in the pursuit of higher learning who are directly affiliated with the club, as members or dependent children or grandchildren of members in good standing.

Qualifications:

1. Hui member, if 18 years of age, if not than dependent child or grandchild of Hui member in good standing.
2. Resident of California.
3. High school graduate entering or attending college, university, business or vocational or technical school.
4. Recipient of this award is limited to four years.

Procedure:

1. Complete attached application.
2. Submit Personal Statement. (See application)
3. Submit two letters of recommendation:
 - a. A professional reference (eg. Current faculty or Counselor, Teacher's Assistance, Mentor.)
 - b. A personal reference (eg. Community leader, church counselor, etc.)
4. Submit your most recent official transcript and/or grade report.
5. Submit copy of current registration or letter of acceptance from college etc.
6. Notification will be made to all applicants 60 days after the deadline.

PLEASE SUBMIT TO:

**Hui O Hawaii of San Diego
PO Box 1668
Spring Valley, CA 91979-1668**

For more information contact Educational Assistance Program Chairperson.

APPLICATION DEADLINE: APRIL 1st (Current year)

HUI O HAWAII OF SAN DIEGO
EDUCATIONAL ASSISTANCE PROGRAM
APPLICATION

12-6

SECTION ONE
Student Information

Student Name _____

Address _____

Phone _____ Cell Phone _____ Email _____

Sex _____ Date of Birth _____ Place of Birth _____ Marital Status _____

Parent(s)Guardian(s) Name _____

Address _____

Home Phone _____ Cell Phone _____

Email _____

Name of school currently attending _____

This is a High School Community College 4 yr University Trade/Vocational

Over-all Grade point average _____

School attending in the Fall. First choice _____

Second choice _____

This school is a 2 yr. 4 yr. Trade/Vocational

Are you a full time student (12 units per semester or equivalent) _____

Are you a part-time student (6 units per semester or equivalent) _____

Intended major _____ Year you will graduate _____

Degree you will be pursuing Associate Bachelor Certificate Other _____

SECTION TWO
Hui O Hawaii of San Diego information

Are you a Hui member? _____ Please give date of membership _____

Is your family Hui members? _____ Please give date of membership _____

What has been your affiliation with the Hui? _____

What is your family's affiliation with the Hui? _____

Have you received Educational Assistance in the past from the Hui? _____

If yes, please list dates by school year. _____

Note: A recipient shall not receive more than (4) educational assistance.

The purpose of Hui o Hawaii of San Diego are:

- a. To preserve the cultural heritage of Hawaii.*
- b. To create and foster a spirit of Aloha between friends and people of Hawaii.*
- c. To take an active interest in the civic, social, and moral welfare of the community.*
- d. To unite the membership in bonds of friendship, good fellowship and mutual understanding.*

How do you feel that you as an individual could fulfill any or all these purposes? (May attach extra sheet if necessary)

SECTION THREE

Extracurricular Activities, Honors, Community Service and Work Experience

Please list your extracurricular activities, honors & community service (unpaid)

From/To	Activity/Position held
Please list any part-time	or full time work
From/To	Work experience/Position held

SECTION FOUR
Personal Statement

Please type the words “Personal Statement” at the top of the first page, along with your first and last name.

Your personal statement should be no more than two pages, typed, double-spaced, with 12 point type and one inch margins. Any additional pages will not be considered.

Clearly address the following three questions in sequential order, typing each question as it appears below. Type your response directly under each question.

1. **What are your reasons for attending college or a trade/vocational school?**
2. **What is your career goal and why have you chosen this path?**
3. **Why should you be selected as a recipient of the Hui O Hawaii of San Diego Educational Assistance Program?**

SECTION FIVE
Agreement:

It is my understanding that if, for any reason I do not enroll in the institution or complete the course of studies indicated on the application form, the financial assistance monies must be returned within 120 days thereafter.

Applicant's Signature

Date

I understand that if selected, I will send a copy of my grade report or transcript to the Hui Financial Assistance Program Chairperson, no later than 45 days from the end of the term/semester.

Applicant's Signature

Date

Committee Use Only

Board Action _____ Date _____

Award Amount _____ Presentation Event Date _____

Chairperson _____ Date _____