



2010 Scholarship Application

PURPOSE

To encourage members of the HawaiiUSA Federal Credit Union to pursue a college/university/professional education, including graduate degrees, at any two- or four-year institution of higher learning. Students who are presently attending an institution of higher learning are also eligible.

NUMBER AND AMOUNT OF SCHOLARSHIP

- Nine (9) awards at \$2,000 for graduating high school seniors planning to attend any two- or four-year institution of higher learning. Recipients must be enrolled as full-time students during the 2010-2011 academic school year.
- Six (6) awards at \$2,000 for undergraduate or graduate students for the 2010-2011 academic school year. Undergraduate recipients must be enrolled as full-time students. Graduate recipients must be classified as a full-time student.

ELIGIBILITY CRITERIA

- Applicant must be a primary member with their own HawaiiUSA FCU account number for a minimum of one (1) year prior to the application deadline.
- Prior recipients of HawaiiUSA FCU scholarships may reapply and will be evaluated with current applicants.

SELECTION

- **ACADEMIC** - Based on applicant's certified transcript.
- **LEADERSHIP** - Based on leadership and/or school activities, honors and awards and other experiences.
- **COMMUNITY SERVICE/CITIZENSHIP** - Based on quality and frequency of service to communities, institutions, etc. Include only volunteer activities beyond the required curriculum.
- **MERIT** - Based on explanation of why applicant should be selected for this scholarship.
- **RECOMMENDATION** - Based on letters of recommendation.
- **FINANCIAL** - Based on need as indicated by applicant's general and financial information and full disclosure of parental financial status, or a copy of applicant's Student Aid Report from the U.S. Department of Education.
- **CREDIT UNION MEMBERSHIP** - Based on number of years of HawaiiUSA FCU membership.

REQUIREMENT CHECKLIST

Use this checklist to ensure your application is complete:

- Completed application form with original signatures (failure to have original signatures will disqualify application). **Please include all information on this application. Attachments to this application will NOT be reviewed. Application form MUST be postmarked by February 24, 2010.**
- Two (2) current signed letters of recommendation from individuals not related to or living with the applicant. Letters of recommendation must be dated within one year of application submission. **Letters of recommendation MUST be postmarked by February 24, 2010.**
- Certified school transcript, including 7th semester or most recent college transcript, if applicable. **Certified transcripts MUST be postmarked by February 24, 2010.**

Completed application, certified transcripts and two (2) letters of recommendation **MUST** be mailed to:

HawaiiUSA Federal Credit Union
Attn: Scholarship Committee
1226 College Walk
Honolulu, Hawaii 96817-3995

Hand carried applications will not be accepted.

DEADLINE

Completed application, certified transcripts & two (2) letters of recommendation MUST all be postmarked no later than February 24, 2010. Any applications received after the postmarked date will NOT be reviewed.

REVIEW

The Scholarship Program Committee will review and evaluate each application before final selections are made. Scholarship Program Committee selections will be final. Applicant will be notified by April 26, 2010. For questions, please call 844.8024 or toll-free at (800) 379.1300.

List your experiences in the following areas:

IV. HONORS and AWARDS (Check school year of recognition)

	2006-2007	2007-2008	2008-2009	2009-2010

V. VOLUNTEER/PUBLIC SERVICE Do not include required school-related volunteer service. (Indicate total hours per academic year in boxes provided)

	2006-2007	2007-2008	2008-2009	2009-2010

FINANCIAL INFORMATION BASED ON 2010 INCOME

Applicant's Source of Income:	Employer:	Applicant's Annual Income:
Father's or Legal Guardian's Occupation:*		Gross Annual Income:
Mother's or Legal Guardian's Occupation:*		Gross Annual Income:
Spouse's Occupation:		Gross Annual Income:
Siblings or Children in Household:		
<u>Name</u>	<u>Age</u>	<u>School Attending</u>

*Applicable if applicant is considered a dependent of parent or legal guardian

Indicate why you should be selected for this scholarship. **Comments must be typewritten and limited to this page only. Should comments exceed this page, the entire application will be disqualified.**

VERIFICATION STATEMENT

To the best of my knowledge, the information provided in this application is accurate and correct. Original signature(s) required. The Scholarship Committee reserves the right to request additional information for verification purposes.

Signature of Applicant

Date

Signature of Parent or Legal Guardian*

Date

*Applicable if applicant is considered a dependent of parent or legal guardian

Date

Signature of applicant's spouse (if applicable)