

Professional Support Stipend

HawaiiUSA Federal Credit Union recognizes the need within our educational community to provide support to professional and para-professional educators. Through a common commitment and desire, HawaiiUSA FCU and the Hawai'i Department of Education's (DOE) Personnel Development Branch (PDB) formed a partnership to extend opportunities for career enhancement for DOE personnel. Funds targeted specifically for professional growth have been awarded to PDB from the proceeds of the Credit Union's annual golf tournament. This generous proposal fosters the commitment to professional growth by both parties and enhances the partnership between PDB and the Credit Union.

Application form is in a fillable pdf format and available for download from the PDE3 Home tab (<https://pde3.k12.hi.us>) or the Hawaii USA FCU website (<https://www.hawaiiusafcu.com/>)

Eligibility Criteria

Note:

The amount of funds awarded per recipient will vary based on the number of eligible applicants and funds available. Our goal is to ensure all eligible recipients receive some amount of funds.

Applicant:

- A **primary** member of HawaiiUSA Federal Credit Union and length of time as a member.
- Employed by the Hawai'i Department of Education as a professional or paraprofessional educator. (Emergency hires & substitutes are not eligible).

Coursework:

- Either:
 - ✓ University (Academic) Coursework Credit (Note: Individuals showing progress towards an Associate, Bachelor, Masters or Ph. D. degree shall receive additional consideration).
 - or**
 - ✓ Professional Development (PD) Credits.
- Rationale for taking course: integration in teaching, professional focus planning and development.
- Aligned to DOE strategic priorities (Common Core State Standards; data teams and formative instruction; response to intervention; induction and mentoring; and teacher evaluation).
- Course completed between January 1, 2019 and December 31, 2019.
- Proof of enrollment & successful completion of course (evidence: receipt of tuition payment and a passing grade on PD credit slip or university transcript).

Application Requirements: Check then submit.

- Completed [application form](#)* (Incomplete or alteration of application form will be voided)
- Attach [proof of payment](#) for course by receipt, check or charge slip - must include course title or number.
- Submit [cost of tuition only](#). (Subtract all fees added in registration fee to the tuition)
- Attach [PD credit Form 200-005\(PD\)](#) or [university transcript](#). (Proof of successful completion of PD Credit or university course)
- Mail all of the above to:

Professional Support Stipend
650 Iwilei Road, Suite # 300
Honolulu, HI 96817
Attn: G. Dikilato

Professional Support Stipend Information available at

Hawaii DOE PDE3 website (Kevin Okazaki (808) 441-8327)

or

HawaiiUSA FCU website (Darren Wong (808) 844-8027)

Applications and supporting documents will be accepted between January 1 and March 13, 2020 only. **Postmark deadline: March 13, 2020**

Awardees will be notified. Selection committee decisions are final.



Application for Professional Support Stipend
(Submit one application for each course)

_____ Ms. Mr.
 (Print) Last Name First Name Middle initial (Check title)

_____ _____ _____ _____
 Street Address City State Zipcode

I have been employed by the Hawaii Dept. of Ed. For _____ years as _____ (job title)
 and assigned to _____ School / Office in the district and complex checked below:

| Central | | Honolulu | | Leeward | | |
|------------------------------------|-----------------------------------|-------------------------------------|------------------------------------|--------------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Aiea | <input type="checkbox"/> Leilehua | <input type="checkbox"/> Farrington | <input type="checkbox"/> Kaimuki | <input type="checkbox"/> Campbell | <input type="checkbox"/> Nanakuli | <input type="checkbox"/> Pearl City |
| <input type="checkbox"/> Moanalua | <input type="checkbox"/> Mililani | <input type="checkbox"/> Kaiser | <input type="checkbox"/> McKinley | <input type="checkbox"/> Kapolei | <input type="checkbox"/> Waianae | <input type="checkbox"/> Waipahu |
| <input type="checkbox"/> Radford | <input type="checkbox"/> Waialua | <input type="checkbox"/> Kalani | <input type="checkbox"/> Roosevelt | | | |
| Windward | | | Hawaii | | | |
| <input type="checkbox"/> Castle | <input type="checkbox"/> Kalaheo | <input type="checkbox"/> Hilo | <input type="checkbox"/> Honokaa | <input type="checkbox"/> Kau | <input type="checkbox"/> Keaau | <input type="checkbox"/> Kealahou |
| <input type="checkbox"/> Kahuku | <input type="checkbox"/> Kailua | <input type="checkbox"/> Kohala | <input type="checkbox"/> Konawaena | <input type="checkbox"/> Laupahoehoe | <input type="checkbox"/> Pahoa | <input type="checkbox"/> Waikeala |
| Maui | | Kauai | | Public Charter School | | |
| <input type="checkbox"/> Baldwin | <input type="checkbox"/> Hana | <input type="checkbox"/> Lanai | <input type="checkbox"/> Kapaa | Name of School: _____ | | |
| <input type="checkbox"/> Kekaulike | <input type="checkbox"/> Lahaina | <input type="checkbox"/> Molokai | <input type="checkbox"/> Kauai | | | |
| <input type="checkbox"/> Maui | | | <input type="checkbox"/> Waimea | | | |

As Principal or Administrator, I verify that the above named individual is employed at my school / office.

_____ _____ _____
 (Print) Name of Principal / Administrator Signature of Principal / Administrator Date

I have been a primary member of HawaiiUSA Federal Credit Union for _____ years.
 My HawaiiUSA FCU Account No. (last 3 digits) _____ (Verification of applicant as member. Joint members are not eligible.)

I am submitting the identified course below for stipend consideration:
 Course No. _____ Course Title: _____
 Tuition paid for the course \$ _____ (Tuition only. Fees paid to the institution do not qualify for the stipend.)
 at _____ College / University Other
 Course completion date: Spring '19 Summer '19 Fall '19 Winter '19 ___ / ___ / ___

I am attaching the following to the application as evidence of completion and my personal payment:

| | | |
|------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| Course credit: | <input type="checkbox"/> college / university transcript | <input type="checkbox"/> PDE3 transcript (Professional Development Experiences that Educate and Empower) |
| Tuition payment: | <input type="checkbox"/> tuition payment receipt from institution | <input type="checkbox"/> cashed check from institution <input type="checkbox"/> institution's fiscal office official payment verification |

(Grants and scholarships are presented prior to the course, stipends are reimbursements made after completion of the course.)

I certify that all information provided on both sheets of the application for the course and payment information is accurate.

_____ _____ _____ _____
 Date Signature of Applicant email address Adm. use or

Directions: All essays submitted must be typed. Essays on additional pages or handwritten disqualifies the stipend application. Complete and print this fillable Portable Document Format (PDF) form THEN mail in before the deadline. DO NOT SUBMIT ELECTRONICALLY as account number can be compromised while being transmitted.

| | |
|-------------------------|----------------------------|
| Course No: _____ | Course Title: _____ |
|-------------------------|----------------------------|

Check type of course: Professional Development College / University Credits earned: 1 2 3 __

1. Describe how this course impacted your professional practice. Provide specific examples as evidence.

| FOR STIPEND PROCESSING ONLY. DO NOT WRITE IN THIS SPACE. | | | | | |
|----------------------------------------------------------|--------------------------------------|------------------------------|----|----|-------|
| Applicant #: | HawaiiUSA FCU member for _____ years | DOE Employee for _____ years | | | |
| Qualifying Area | 0 | 5 | 10 | 20 | TOTAL |
| Benefit to students: | 0 | 5 | 10 | 20 | |
| Professional Development: | 0 | 5 | 10 | 20 | |
| DOE Strategic Priority: | 0 | 5 | 10 | 20 | |
| HawaiiUSA Credit Union member | 0 | 5 | 10 | 20 | |