



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'21 Summer'21 Fall '21 Winter '21 ___ / ___ / ___

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: _____
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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	