

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 accredited institution of higher learning. Students who are presently attending an institution of higher learning are also eligible.

NUMBER AND AMOUNT OF SCHOLARSHIP

- Twelve (12) awards at \$2,000 for graduating high school seniors planning to attend any two- or four-year accredited institution of higher learning. Recipients must be enrolled as full-time students during the 2019-2020 academic school year.
- Eight (8) awards at \$2,000 for undergraduate or graduate students for the 2019-2020 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 in good standing for a minimum of 12 consecutive months 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/employment activities, honors and awards and other experiences.
- **SCHOOL/COMMUNITY SERVICE** - Based on quality and frequency of service to communities, institutions, etc.
- **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.
- **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. Signature of parent or legal guardian is required if applicant is considered a dependent. 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 13, 2019.
- 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 13, 2019.**
- Certified school transcript, including 7th semester or most recent college transcript, if applicable. **Certified transcripts MUST be postmarked by February 13, 2019.**

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

HawaiiUSA FCU • Attn: Scholarship Committee • 1226 College Walk • Honolulu, Hawaii 96817-3995
Hand carried applications will not be accepted.

DEADLINE

Completed application, certified transcripts and two (2) letters of recommendation MUST all be postmarked no later than February 13, 2019. 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 15, 2019. For questions, please call 844.8024 or toll-free at (800) 379.1300.

2019 SCHOLARSHIP PROGRAM APPLICATION

Application for: _____ High School Senior _____ Undergraduate _____ Graduate

GENERAL INFORMATION

Name:	
Address:	
City, HI, Zip:	HawaiiUSA FCU Account Number (Last 3 digits):
Phone:	E-mail Address:
School/College Currently Attending:	Cumulative GPA:
College/University Planning to Attend:	Field of Study:

List your experiences in the following areas:

I. LEADERSHIP (Include School, Employment, etc.)

Organization	Officer Position	2015-2016	2016-2017	2017-2018	2018-2019

HONORS and AWARDS (Include School, Employment, etc. Check year of recognition)

HONORS and AWARDS (Include School, Employment, etc. Check year of recognition)	2015-2016	2016-2017	2017-2018	2018-2019

II. SCHOOL ACTIVITIES (Include total hours per academic year in the boxes provided)

(Include Sports & Co-Curricular Activities)

SCHOOL ACTIVITIES (Include total hours per academic year in the boxes provided)	2015-2016	2016-2017	2017-2018	2018-2019

List your experiences in the following areas:

VOLUNTEER /COMMUNITY SERVICE Do not include required school-related volunteer service (indicate total hours per academic year in boxes provided)		2015-2016	2016-2017	2017-2018	2018-2019

OTHER ACTIVITIES (Include Church, Scouting, etc.)		2015-2016	2016-2017	2017-2018	2018-2019

III. EMPLOYMENT (Include total hours per academic year in boxes provided)	2015-2016	2016-2017	2017-2018	2018-2019

FINANCIAL INFORMATION BASED ON 2018 and 2019 (estimated) INCOME		2018	2019 est.
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

MERIT ESSAY

To help us evaluate your application, please tell us about your career goals/plans and how they will impact your life and community. If you are undecided, tell us about your broader life goals to help improve the community and world. Include both short-term and long-term goals. Handwritten essay will not be accepted. Essay must be limited to this page only. Should essay 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) is required.** The Scholarship Committee reserves the right to request additional information for verification purposes.

Signature of Applicant

Date

Signature of Parent or Legal Guardian (*Applicable if applicant is considered a dependent of parent or legal guardian) Date

Signature of applicant's spouse (if applicable)

Date

STANDARD RELEASE FORM

For valuable considerations received, I being of legal age, do hereby agree to allow HawaiiUSA Federal Credit Union, Its successors, assigns and to such other person as HawaiiUSA Federal Credit Union may designate from time to time to use, publish, sell, give title to or name, or copyright, those moving pictures or video pictures, digital images, digital video, or still photography with or without sound, or voice recordings in which I participated in. Such moving pictures, video pictures, digital images, digital videos, or still photography, with or without sound, may be used for advertising purposes (including but not limited to television, radio, social media, advertisements, brochures, and other print media) or in any other lawful purpose whatsoever.

I hereby release, discharge and agree to save harmless HawaiiUSA Federal Credit Union and all other persons using my names, likeness and photograph(s) in accordance with the terms hereof, including but not limited to any liability for what might be deemed to be misrepresentation or defamation of me, my character or my person due to distortion which may occur in the development or use of my name, likeness and photograph(s) or any written or spoken material which is part of or connected with my name, likeness and photograph(s).

I am over 18 years of age YES NO

Signature of Applicant

Date

If the person signing is under 18, consent should be given by parent or guardian as follows:

I hereby certify that I am the parent or legal guardian of _____,
the above named, and for value received, I do give my consent without reservations to the foregoing on behalf of him/her or them.

Signature

Date

Print Name

Print Address