

CENTRAL UNION CHURCH



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APPLICATION for SCHOLARSHIP/GRANT Part I – General Information

NAME _____
(Last) (First) (Middle)

PERMANENT ADDRESS _____

TELEPHONE NO. (____) _____ E-MAIL: _____

MAILING ADDRESS OR PRESENT ADDRESS; _____

TELEPHONE NO: (____) _____

BIRTHDATE _____ SEX _____ HAWAII RESIDENT _____
(Month/Day/Year) (Yes or No)

() U.S. CITIZEN () OTHER _____ NO. YEARS IN HAWAII _____
(COUNTRY)

GRADUATE of HIGH SCHOOL _____
(NAME of SCHOOL, CITY, ISLAND, COUNTRY)

NAMES and ADDRESSES of PARENT(S), LEGAL GUARDIAN or SPOUSE (circle which one):

LIST DEPENDENTS, IF ANY (NAME, AGE, and RELATIONSHIP):

SCHOOL PRESENTLY ATTENDING _____

CURRENT GRADE LEVEL _____ CURRENT GRADE POINT AVERAGE (or LAST AVAILABLE) _____

SCHOOL or INSTITUTION TO WHICH YOU EXPECT TO ATTEND: _____

DEGREE EXPECTED: _____

CAREER PLANS (field of study/employment, etc.) _____

EXPECTED DATE of ENTRY _____ EXPECTED DATE of GRADUATION _____

NOTE: RECIPIENTS WILL BE ASKED to PROVIDE A SOCIAL SECURITY NUMBER or SCHOOL IDENTIFICATION NUMBER at STEP TWO.

NAME _____
(LAST) (FIRST) (MIDDLE)

PART II-ESTIMATED EXPENSES and RESOURCES

ESTIMATED EXPENSES: (for SCHOOL YEAR 2 ____ - 2 ____)

TUITION and GENERAL /SPECIAL FEES.....	\$ _____
BOOKS and SUPPLIES.....	\$ _____
RENT and UTILITIES.....	\$ _____
(SPECIFY if DORM, with FAMILY, OWN RESIDENCE)	

MEALS.....	\$ _____
TRANSPORTATION.....	\$ _____
CLOTHING.....	\$ _____
MEDICAL/DENTAL EXPENSES.....	\$ _____
OTHER (SPECIFY) _____	\$ _____

TOTAL ESTIMATED EXPENSES \$ _____

NOTE: Most schools and colleges will furnish a list of estimated expenses. To obtain the information, please check the school catalog, with your counselor, or call the financial aid office of the school you plan to attend.

ESTIMATED RESOURCES: (for SCHOOL YEAR 2 ____ TO 2 ____)

ASSISTANCE from PARENTS..... \$ _____

ASSISTANCE from SPOUSE..... \$ _____
EARNINGS from CURRENT or EXPECTED WORK..... \$ _____
PERSONAL SAVINGS for EDUCATION..... \$ _____
OTHER GRANTS or SCHOLARSHIPS (Specify) _____
_____ \$ _____

LOANS..... \$ _____
SOCIAL SECURITY BENEFITS..... \$ _____
VETERAN'S BENEFITS, G.I. BILL, ORPHAN, DISABILITY, ETC. (Specify) ___
_____ \$ _____

OTHER INCOME (Specify) _____
_____ \$ _____

TOTAL ESTIMATED RESOURCES.... \$ _____

ESTIMATED NEED: (DIFFERENCE BETWEEN TOTAL ESTIMATED
EXPENDITURES and TOTAL ESTIMATED RESOURCES)..... \$ _____

FURTHER EXPLANATION of ITEMS ABOVE AS NEEDED: (Use additional sheets as necessary)

To the best of my knowledge and ability, the statements and estimates herein are true and accurate. If selected, I am willing to provide my school identification or social security number to facilitate the scholarship process.

DATE _____ SIGNATURE of APPLICANT _____