



HAWAII EDUCATION ASSOCIATION

HAWAII STATE TEACHERS ASSOCIATION-RETIRED

CONFIDENTIAL

SCHOLARSHIP APPLICATION FORM

IN-SERVICE PUBLIC SCHOOL EDUCATORS



CHECK ONE

- HSTA Member
 - non-HSTA Member
- If not a member, STOP!

PERSONAL INFORMATION

PLEASE PRINT CLEARLY OR TYPE

APPLICANT	LAST NAME	FIRST NAME	M.I.	
APPLICANT'S SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX	TELEPHONE NUMBERS	
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="radio"/> Male <input type="radio"/> Female	Bus. _____ Res. _____	
HOME ADDRESS	NUMBER AND STREET	CITY	STATE	ZIP CODE
BUSINESS ADDRESS	NUMBER AND STREET	CITY	STATE	ZIP CODE

ALL COLLEGES AND UNIVERSITIES ATTENDED (List most recent first)

NAME OF SCHOOL (DO NOT USE INITIALS)	DATES ATTENDED		NAME OF DEGREE, DIPLOMA OR CERTIFICATE (abbreviate)	YEAR RECEIVED
	From Mo./Yr.	To Mo./Yr.		

WORK EXPERIENCES (List present salaried DOE Employment first)

PLACE OF EMPLOYMENT (INCLUDE ADDRESS)	DATES		POSITION HELD
	FROM MO./YR.	TO MO./YR.	

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PERSONAL INFORMATION

LIST BELOW ALL CHILDREN AND OTHER DEPENDENTS Give specific dollar amounts where requested. NAME AGE	Check below if dependent for income tax purposes	Check below if living with family	Name of present school, college or occupation	Year in School	Check Appropriate Box			Cost of tuition and fees (including room and board)
					Public School	Private School	College	

DO ANY OF THE ABOVE HOLD SCHOLARSHIPS OR RECEIVE GIFT AID FOR SCHOOL? IF SO, WHICH CHILDREN?

NAME	AMOUNT	FROM WHOM?

NATURE OF STUDY OR TRAINING PLANNED

Field of study or training _____

Area of specialization _____

When did you start or plan to start? _____

What specialized training or experience have you already had in this field?

Do you plan to continue working in the field of education in Hawaii after completing your studies? Yes No

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PLACE OF STUDY OR PLANNED TRAINING FORM

School(s) or training applied to for admission _____

School(s) or training which have accepted you _____

If you are already engaged in your program of study/training, state the name of the program at which you are presently enrolled:

List scholarships you now have and the amounts:

<u>Scholarships</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

ACTIVITIES

Please list activities or positions held in school or state/district office, community and educational organizations. (List most recent first.)

Year(s)	Position



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PERSONAL STATEMENT



1. In the space provided here, describe how your proposed plan of study/training will contribute to your professional improvement.

2. Describe your financial need.

If awarded a scholarship, I authorize the HEA/HSTA-RETIRED to publish my name and photo for publicity purposes.

Signature

Date