2016 King Kekaulike High School Alumni Association Scholarship Application

The completed application must be received by Ronnie Kihara in G-206 no later than Friday, April 15, 2016 at noon. No exceptions will be made.

The KKHS Alumni Association Scholarship is for \$1000 awarded to a graduating KKHS student attending a university or community college in Hawaii or on the U.S. mainland. The student must be a U.S. citizen and a legal resident of Hawaii. This scholarship is non-transferable and need not be repaid. It is a one-year grant sent directly to the university or community college in two installments.

Applicant's	Name		
	Last	First	M.I.
Date of Birtl	h:	Cell:	
Mailing Add	lress:		
City:		State:	Zip:
Email Addre	ess:		
Name of Co	ollege/University you pl	an to attend: (Please note if a	ccepted)
1			
2			
3			
Academic S	Standing:		
GPA:	SAT/ACT	Class Ranking	_ EFC
•		like High School Alumni Asso ion for publicity purposes.	ciation to release
Signature_		Date_	

Required: $\sqrt{}$ Attach a certified copy of your high school transcript with your application, $\sqrt{}$ Student Aid Report (SAR) or a photo copy of the Free Application for Federal Student Aid (FAFSA) form showing your estimated family contribution and $\sqrt{}$ a current resume.

Parent Information Father/Guardian	Mother/Guardian
Name	Name
Employer	Employer
Position Held	Position Held
Personal Statement Please indicate the area of studies you exp to you and the Kekaulike community if you	pect to pursue and tell us what it would mean were to receive this scholarship.
Please summarize your academic achieve	ments while in high school.
Please outline your campus and communit employment, during your high school cared Kekaulike community.	·
(if more space is need	led_attach_another_sheet)