

## Kuleana Education Scholarship Application

Please submit form with a copy of parents' most recent year's tax return (1040 A or 1040 EZ), W2 forms, Schedule C, SSS Business/Farm Statement,

Please submit Financial Aid form with \$250 deposit. Deposit is refundable if you decline scholarship by deadline in your determination letter.

**Please email this form and all additional documents to [office@kuleanaeducation.com](mailto:office@kuleanaeducation.com).**

Student Information			
Student Name:		I Grade entering:	I Previous financial aid/scholarships received:
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Mother Employment Information			
Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
<b>Position:</b>	Hourly    Salary    (Please circle)	Annual income:	
Father Employment Information			
Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
<b>Position:</b>	Hourly    Salary    (Please circle)	Annual income:	
Parents			
How much aid are you requesting?		I # people living in household:	
In the past 2 years, did you, your parents or your household members receive any federal assistance? Please list:			Yes    NO
For your most recent tax return, what was your adjusted gross income on IRS 1040?			
For your most recent tax return, what was your income tax?			
As of today, what is your parents' total current balance of cash, savings and checking accounts?			
As of today, what is the net worth of your parents' investments, including real estate? Don't include the home in which your parents live. Net worth means current value minus debt.			
As of today, what is the net worth of your parents' current businesses and/or investment farms? Don't include a family farm or family business with 100 or fewer full-time or full-time equivalent employees.			
Mother Information			
Name:			
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Own    Rent    (Please circle)	Monthly payment or rent:		How long?
Father Information			
Name			
Date of Birth	SSN:	Phone:	
Current address:			
City:	I State:	I Zip Code:	
Own    Rent    (Please circle)	I Monthly payment or rent:	I How long?	
Signature			
I authorize the verification of the information provided on this form as to my credit and employment. I verify all information in this application is correct. I have received a copy of this application.			
Signature of applicant:			Date: