**Application for Scholarship**



If the non-refundable $75 program fee for the Mālama ʻĀina Field School at Wai‘anae would place financial hardship on you and/or your family, you may be eligible for a scholarship, which would partially reduce the price of the program fee.

**Please review the eligibility criteria below and identify all that apply to you and/or your family. Also,** **please provide a copy of the benefit/award letter from the applicable State, Federal, or non-profit agency from which you are receiving financial assistance**. This document(s) should be dated within one year of the Mālama ʻĀina Field School application deadline (April 26, 2019).

Student Name Phone

Physical Address Email

**The following special circumstance(s) applies to:**

 \_\_\_\_\_ My Parent(s) \_\_\_ My Guardian(s)

**The person(s) above receive the following sources of financial assistance:**

\_\_\_\_ Food Stamps \_\_\_\_ Social Security

\_\_\_\_ WIC (Women, Infants, Children) \_\_\_\_ Unemployment Income

\_\_\_\_ Section 8 Housing \_\_\_\_ Worker’s Compensation

\_\_\_\_ Free or Reduced Lunch \_\_\_\_ Welfare/AFDC/TANF Benefits

\_\_\_\_ Childcare Subsidies \_\_\_\_ Vocational Rehabilitation

\_\_\_\_ Pell Grant (FAFSA must show $0 EFC) \_\_\_\_ Veterans’ Affairs (disability)

\_\_\_\_ Other (Please describe)

**Within the past year, I/we have experienced the following circumstances:**

\_\_\_\_ Divorce \_\_\_\_ Disability

\_\_\_\_ Death of a Head of Household or Immediate Family Member

\_\_\_\_ Homeless/Houseless

\_\_\_\_ Other (Please describe)

*I certify that the information above is true and correct to the best of my knowledge. I understand that any false statement or misrepresentation may be cause for denial, reduction, or repayment of scholarship.*

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Student’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Name (printed) Parent or Guardian signature