



Brown University



Scholarship Application for Hawai'i Students BELL in Hawai'i Program March 21 - March 29, 2015

Student Information

Student's Name: _____
First Middle Last

Address: _____
Street City ZIP Code

Mailing Address (if different) _____

E-mail Address: _____ Phone: _____

Gender: Male Female Date of Birth: _____

School: _____ Current Grade Level: _____

Where did you hear about this opportunity?

- Newspaper advertisement Print Newspaper article
 Online media Through school Web site Facebook Radio

Scholarship Requested

Program tuition fees are \$3,295. We request that families make a contribution towards the tuition fees when possible so that we can offer the program to more students. Please state what you feel you can contribute.

Family Contribution: \$ _____ Scholarship Requested: \$ _____

Parent/Guardian Information

Name of Parent/Guardian 1: _____

Street Address: _____ Apt# _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

E-mail Address: _____

Title/Occupation: _____ Employer: _____

Name of Parent/Guardian 2: _____

Street Address: _____ Apt# _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

E-mail Address: _____

Title/Occupation: _____ Employer: _____

Does student live with one or both parents/guardians? One Both

www.kohalacenter.org

E-mail: amajidah@kohalacener.org

P.O. Box 437462

Kamuela, HI 96743

Phone: 808-887-6411

Fax: 808-885-6707

The Kohala Center is an equal opportunity provider and employer.

Financial Information

If the applicant resides at more than one home, please complete information for each custodial parent/guardian.

Taxable Household Income from most recent Federal Tax Return: \$ _____

(If parents/guardians filed separately, please enter the *total* of both returns.)

*****Please attach a complete copy of parent/guardian’s most recent IRS tax returns with W-2 form(s). Please include a copy of each parent’s tax return if filed separately. Scholarship applications will be considered incomplete without proper tax documentation included.***

Parents Assets (please write in today’s value)

Cash, Savings and Checking Accounts: \$ _____

Investments (Stocks, CDs, money market accounts etc.): \$ _____

Home (renters write in the monthly rental amount): \$ _____

Business and/or farm: \$ _____

Student’s Assets (please write in today’s value)

Cash, Savings and Checking Accounts: \$ _____

Investments: \$ _____

Adults over 21 in home: _____ Children 0-18: _____ Children 18-21: _____

Number of siblings attending college: _____

Annual contribution towards education (college or private school tuition): \$ _____

Is student(s) recipient of scholarship or financial aid? Yes No

If Yes, please describe: _____

Does your child qualify for ***Free or Reduced School Lunch Program or MedQuest?***

Yes No

Describe any other circumstances to support your family’s need for financial assistance for this program: (optional)

Please include completed scholarship forms with your application and mail to:

The Kohala Center
P.O. Box 437462
Kamuela, HI 96743
or fax: 808-885-6707

The application deadline for this scholarship is January 26, 2015

For more information, call 808-887-6411

or email Al-Qawi Majidah at amajidah@kohalacenter.org