

HAWAII ISLAND CONTRACTORS' ASSOCIATION BANK of HAWAII / HONSADOR

494-C Kalanikoa Street, Hilo, Hawaii 96720 * Phone: 808/935-1316 * Fax: 808/934-7779 *
email: info@hicassociation.com

ANNUAL SCHOLARSHIP TROLLING TOURNAMENT

SCHOLARSHIP APPLICATION FORM

Applicant's Name _____
Last First Middle

Address _____

City _____ State _____ Zip Code _____

Phone Number _____

High School Attended _____

Year Graduated _____

Father's / Guardian's Full Name _____

Mother's / Guardian's Full Name _____

Major or area of interest _____

Grade Point Average _____ (please attach copy of transcript)

List any other scholarship(s) applied for or awarded _____

Please attach letter(s) of recommendation applicable to your trade.

Attach your most recent STAR report (**must include Spring 2014 grades**)

A. In your own words, please state your reason for applying to this scholarship.

B. List any employment or career experiences in relation to the construction industry, and what you have learned by them.

C. Please list your own financial situation. Please include:
employment, obligations, special problems or hardships. etc.

D. Please list any school or community honors or awards that you have received.

E. Please list any community or school related extra-curricular activities which you have been or still are involved with. Explain your involvement.

F. In your own words, please state your education and career goals.

Signature of Applicant _____ Date _____

Authorization by Parent or Guardian:

I have reviewed this application, and to the best of my knowledge verify that the information is correct and true. I also understand that this application will be the property of Hawaii Island Contractors' Association and that all information will be held in the strictest of confidence.

Signature of Parent or Guardian _____ Date _____

CONFIDENTIAL PARENTAL INFORMATION

Father / Guardian Name: _____

Address: _____

Employer: _____

Occupation: _____

Mother / Guardian Name: _____

Address: _____

Employer: _____

Occupation: _____

Siblings and other dependents in your household:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Family Income

- | | | |
|--|--|--|
| <input type="checkbox"/> less than \$20,000 | <input type="checkbox"/> \$30,000 - \$40,000 | <input type="checkbox"/> \$50,000 - \$75,000 |
| <input type="checkbox"/> \$20,000 - \$30,000 | <input type="checkbox"/> \$40,000 - \$50,000 | <input type="checkbox"/> \$75,000 or more |

I hereby certify that this form has been reviewed by me and is accurate and true, to the best of my knowledge.

Signature of Parent or Guardian _____ Date _____