

Kapi'olani Community College
THE JOHN YOUNG SCHOLARSHIP
APPLICATION FORM
Spring 2013 – Fall 2013

Please print.

1 PERSONAL INFORMATION

Name: _____
Last First Middle Initial

Address: _____
City State Zip Code

Phone number: _____ Email: _____

Hawai'i resident: Yes No If not a Hawai'i resident, Non-resident alien? Yes No

Date of birth: _____

2 DEGREE INFORMATION AND EDUCATIONAL BACKGROUND

Expected graduation/certificate completion date - Month: _____ Year: _____

Major: _____ A.S. A.A. Certificate Other

Cumulative GPA – End of last completed semester: _____ In Major: _____

Schools Attended (incl. High School): _____ Degree Received: _____
Year: _____ GPA: _____

Year: _____ GPA: _____

3 FINANCIAL INFORMATION

Marital Status _____ Living with Parents? Yes No

Household Monthly Income: \$ _____ # of Dependents: _____ % Self-supporting: _____

Current Employer: _____ Hours per week: _____

Position: _____ Take home pay: _____

List grants, scholarships, or financial assistance that you have received during the past school year or will receive during the period covered by this scholarship: Attach separate sheet, if necessary.

Describe any special circumstances that will help us to understand your economic need: *Attach separate sheet if necessary.*

4 WORK EXPERIENCE/VOLUNTEER SERVICE *Attach separate sheet, if necessary.*

Employer/Agency: _____ Position: _____
Years/Months: _____
Years/Months: _____

5 CAREER INTENT

One-page typed statement of career intent: *Attach a narrative statement discussing your reasons for entering your current field, your educational goals and your future plan.*

6 SIGNATURE

I certify that the information contained herein is true and complete to the best of my knowledge. I authorize the college to release information about my academic progress including official transcript to the scholarship selection committee. If awarded a scholarship, I agree that funds received will be used for direct educational expenses and related costs. I agree to return the award if I fail to attend Kapi'olani Community College. I further agree to acknowledge receipt of the scholarship funds in writing to the donor of the scholarship, a copy provided to the Office of the Chancellor and to present a verification/receipt of my registration for the current semester upon collection of my scholarship check.

Signature: _____ Date: _____