



SCHOLARSHIP APPLICATION (CONFIDENTIAL)

(Please print or type information)

PERSONAL INFORMATION

NAME: _____ SEX: _____
DATE OF BIRTH (Month, Day, Year): _____ TELEPHONE: _____
HOME ADDRESS: _____
E-MAIL ADDRESS: _____
NAME OF SCHOOL: _____

FAMILY INFORMATION

FATHER'S NAME: _____
NAME OF EMPLOYER: _____
OCCUPATION: _____

MOTHER'S NAME: _____
NAME OF EMPLOYER: _____
OCCUPATION: _____

Please list your parents' dependents, including yourself, and/or if you are a parent, list your dependents:

NAME	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Continue on a separate sheet if more space is needed)

COLLEGE PLANS

DECLARED ACADEMIC MAJOR (response of "undecided" will receive zero points)

COLLEGE TO WHICH YOU ARE ADMITTED TO OR ATTENDING

(Please be sure to submit a copy of the Letter of Acceptance from the College or University)

FALEA AFFILIATION (Select One)

- FALEA Member* Child of FALEA Member*
 Nominated by active FALEA Member* No FALEA membership/affiliation

Merits for Scholarship Consideration (Start with the most recent. Support with news, articles and pictures if available)

GRADE POINT AVERAGE (Submit a copy of transcript): _____

HIGH SCHOOL AND/OR COLLEGE EXTRACURRICULAR ACTIVITIES:

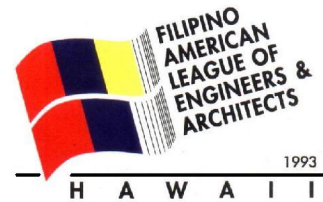
VOLUNTEER COMMUNITY SERVICE ACTIVITIES. (*Highlight how your volunteer activities benefit the Filipino community or which communities specifically benefit from your activity. If you have a leadership role in your chosen activity, explain your role and what impacts that has had on these communities.*)

ACADEMIC AWARDS/HONORS:

COMMUNITY AWARDS/HONORS:

APPLICANT'S SIGNATURE

DATE



**SCHOLARSHIP APPLICATION
RECOMMENDATION FORM
(CONFIDENTIAL)**

(Please print or type information)

APPLICANT'S NAME: _____
HOME ADDRESS: _____
HOME PHONE: _____

The applicant is applying for FALEA Scholarship. Please candidly answer the following questions and return this form directly to:

**FALEA Scholarship Program
P.O. Box 4135
Honolulu, HI 96812**

1. Compared with other (check one) ___ Students ___ Employee ___ Other (describe) you know, please rate the applicant on the following qualities by checking the appropriate boxes

	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	No Basis For Opinion
Intellectual Capacity					
Motivation and Drive					
Initiative					
Character					
Leadership					
Scholastic Ability					
Writing Ability					
Speaking Ability					

2. Please describe the reasons for your ratings above. Use this space and back side of this sheet if needed.

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3. Describe the applicant's overall strengths and/or weaknesses:

4. What is your relationship to the applicant?

- Teacher
- Professor
- Employer
- Church Official
- Friend
- Other (please specify): _____

5. How long have you known the applicant? _____

This recommendation is prepared by:

Signature _____ **Date** _____

Name (Print): _____ **Home Phone:** _____

Position/Title: _____ **Work Phone:** _____

E-mail address: _____

HOME Address:

