



## 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

**EDUCATIONAL OBJECTIVE** (Probable College Major)

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

### **COLLEGE TO WHICH YOU HAVE APPLIED FOR ADMISSION OR ATTENDING**

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

**First Choice:** \_\_\_\_\_  
**Second Choice:** \_\_\_\_\_  
**Third Choice:** \_\_\_\_\_

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 ACTIVITIES:**

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**COMMUNITY ACTIVITIES:**

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**SCHOLARSHIP AWARDS/HONORS:**

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**COMMUNITY AWARDS/HONORS:**

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\_\_\_\_\_  
**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
<b>Intellectual Capacity</b>					
<b>Motivation and Drive</b>					
<b>Initiative</b>					
<b>Character</b>					
<b>Leadership</b>					
<b>Scholastic Ability</b>					
<b>Writing Ability</b>					
<b>Speaking Ability</b>					

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

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FALEA Scholarship  
Recommendation Form - Page 2

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

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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:** \_\_\_\_\_

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