



34th Annual APFCU and its Divisions Membership Scholarship Program

SCHOLARSHIP APPLICATION FORM

To apply, members must meet all eligibility requirements and submit the following items by Wednesday, April 21, 2021.

1. SCHOLARSHIP APPLICATION: This form, completed and signed.
2. TRANSCRIPT OF GRADES: An **official** transcript of grades for your current school year; consult your school registrar/admissions office or college counselor if you have questions. **Copies will not be accepted.** If not available, include a transcript from your most recent year.
3. LETTER OF INTENT: A one-page, typed letter answering the following questions:
 - a. How would you use our scholarship to help further your educational goals?
 - b. What are your career goals?
 - c. Why do you need this scholarship?
4. RESUME (to include list of community service performed)

APPLICANT INFORMATION

APPLICANT'S NAME	MAIDEN NAME (If Applicable)	MEMBER ACCOUNT NO. (Last 3 Digits)
PERMANENT HOME ADDRESS		TELEPHONE NO. & ALTERNATIVE NO.
NAME OF SCHOOL FOR WHICH THIS SCHOLARSHIP WILL BE USED		CURRICULUM/MAJOR/COURSE
ADDRESS OF SCHOOL FOR WHICH THIS SCHOLARSHIP WILL BE USED		NO. OF CREDITS FOR CURRENT SEMESTER
ACADEMIC CLASS FOR UPCOMING YEAR (e.g. Freshman, Sophomore, Graduate)		NO. OF CREDITS FOR UPCOMING SEMESTER

STUDENT BUDGET (Confidential)

To qualify, all blanks must be filled in with a number or "NA" if not applicable

RESOURCES	EXPENSES
Support Toward Education From: Parents or Guardians..... \$ _____/year Spouse..... \$ _____/year Self..... \$ _____/year Other (i.e. Social Security, GI benefits): _____ \$ _____/year _____ \$ _____/year _____ \$ _____/year _____ \$ _____/year Loans..... \$ _____/year Grants..... \$ _____/year Scholarships..... \$ _____/year TOTAL..... \$ _____/year	Student's tuition, fees, books and supplies..... \$ _____/year Rent, mortgage or room (including utilities)..... \$ _____/year Food and household supplies..... \$ _____/year Clothing, laundry and cleaning..... \$ _____/year Transportation..... \$ _____/year Medical and Dental..... \$ _____/year Other expenses: _____ \$ _____/year _____ \$ _____/year TOTAL \$ _____/year Recent AGI of Applicant & Spouse \$ _____/year Recent AGI of Parents/Guardians (if applicant is a dependent) AGI = Federal Adjusted Gross Income \$ _____/year Number of Parent's Dependents..... _____ Father's Employment/Occupation: _____ Mother's Employment/Occupation: _____ <small>*This information may be mailed separately by the parents to the Scholarship Committee by deadline.</small>

NAME OTHER COLLEGES / UNIVERSITIES / TECHNICAL SCHOOLS ATTENDED.

ACADEMIC HISTORY

(CHECK ONE)

SCHOOL NAME AND ADDRESS	FULL TIME	PART TIME
SCHOOL NAME AND ADDRESS	FULL TIME	PART TIME

I HEREBY DECLARE that all statements on this application and other forms are correct and complete to the best of my knowledge. I also give permission to APFCU to take and publish my picture upon receiving a scholarship.

SUBMIT APPLICATION, OFFICIAL TRANSCRIPTS, LETTER OF INTENT AND RESUME TO:

Aloha Pacific Federal Credit Union
Attn: Scholarship Committee
832 South Hotel Street
Honolulu, HI 96813-2590

APPLICANT'S SIGNATURE

DATE