



The purpose of **The Christine Kunukau Scholarship** is to provide financial assistance to deserving individual(s) pursuing a higher education and thereby contributing to the economic, cultural and spiritual development of the Leeward Community and Hawai'i nei. The Christine Kunukau Scholarship is awarded annually to a Nanakuli High School graduate. The Recipient(s) is/are subject to the eligibility and selection rules below.

#### **ELIGIBILITY CRITERIA:**

- Must be a Nanakuli High & Intermediate School graduating senior
- Must attend a 2 or 4 year college/university by **Fall semester 2024**
- Must demonstrate financial need

#### **REQUIRED DOCUMENTS: MUST** accompany the application.

- **Personal Statement**
  - Your statement must be typed or printed
  - Describe your educational plans
  - Describe how your educational plans will help you reach your career goals
  - Provide a brief autobiography
- **Transcript of grades**
  - Minimum GPA of 3.0
  - Request Un-official Transcript from Registrar's office then fill-in requested information on Transcript and School Record page. **Make a digital copy of un-official transcript. You will need to attach with completed application.**
- **Minimum of one (1) letter of recommendation**
  - Written by a teacher, academic advisor, youth leader, coach or personal acquaintance (non-relative). **Make a digital copy. You will need to attach with completed application** (Board members are not allowed to write letters of recommendation).
- **Financial Need**
  - Describe personal or financial circumstances that make it necessary for you to seek aid for your education
- **Copy of Your Acceptance Letter from your college and attach with completed application.**

#### **Due Date to Submit Application:**

- **Friday, May 3rd, 2024 by 4:00pm.**
- Application must be **COMPLETE** to be considered
- Applications will **NOT** be accepted after due date.

#### **APPLICATION TIMELINE:**

- Your fillable application must be emailed to [nanaikaponohcc@gmail.com](mailto:nanaikaponohcc@gmail.com) by Friday, May 3rd, 2024 by 4:00 pm. with ALL REQUIRED DOCUMENTS IN THE SAME EMAIL.
- You may also submit a printed packet of all documents and hand it in to Ms. Stacey Koyama by Friday May 3rd.
- Your recommendation(s), Unofficial Transcript, Personal Statement and Acceptance Letter from college you will be attending must be attached with completed application. Can not be sent separately.
- An interview will be conducted between the eligible applicant(s) and our scholarship committee member(s) the week of the May 6<sup>th</sup>-10<sup>th</sup>.
- Materials received after the due date are considered incomplete and will not be reviewed.

#### **NOTIFICATION OF AWARD:**

- Notification of award will be emailed to you.
- Award congratulations and regrets will be announced in the month of May by text and email.

**For more information contact Mrs. Sanoë Marfil at (808) 306-8161 Mahalo for your interest in applying for the Christine Kunukau Scholarship,**

**“Kulia I Ka Nu`u”**  
**SCHOLARSHIP APPLICATION**

Student Name

\_\_\_\_\_  
*(Last Name)* *(First Name)* *(Middle Initial)*

**Permanent Mailing Address (Award letters will be sent to your permanent address)**

Address \_\_\_\_\_

*(No.)*

*(Street)*

\_\_\_\_\_  
*(City)* *(State)* *(Zip Code)*

Phone \_\_\_\_\_

*(Home)*

*(Cell)*

*(Work)*

Birthdate \_\_\_\_\_ Birth Place \_\_\_\_\_

*(City)*

*(State)*

Gender  Male  Female

Email address \_\_\_\_\_

Ethnic Background *(optional, mark all that apply)*

- African American/Black     American Indian     Asian     Caucasian/White  
 Hawaiian     Pacific Islander     Hispanic     Other \_\_\_\_\_

**MARK APPROPRIATE CHOICE**

College/University you plan to attend \_\_\_\_\_

Have you been accepted to this college:  Yes  No    Is your application pending:  Yes  No

Location of College/University \_\_\_\_\_

*(City)*

*(State)*

Main campus or community college:     Main  Community \_\_\_\_\_

*(City)*

*(State)*

Degree you will be pursuing:  AA     AS     BA     BS     Other \_\_\_\_\_

Field of study \_\_\_\_\_

Will you be enrolled:     Full-time *(12 or more credits)*    Estimated annual costs? \_\_\_\_\_

Part-time *(6-11 credit hours)*    Estimated annual costs? \_\_\_\_\_

Less than half-time *(< 6 hours)*    Estimated annual costs? \_\_\_\_\_

Will you live:  on campus  off campus  with parents     other \_\_\_\_\_

Have you applied for other scholarships?     Yes  No    Have you received other scholarships?     Yes  No

If yes, please list from whom and how much: \_\_\_\_\_

**Activities/Volunteer Experience** *(attach additional sheet if necessary)*

List all community and school activities in which you have participated. Include sports, student government, volunteer projects, etc. within the last three years.

Activity	How Long?	Special Honors
_____	_____ to _____	_____
_____	_____ to _____	_____
_____	_____ to _____	_____

Incomplete applications and applications received after the due date will not be reviewed.  
**DUE DATE FOR ON-LINE APPLICATION: FRIDAY, May 3<sup>rd</sup>, 4:00 p.m.**

## PERSONAL STATEMENT

Student Name \_\_\_\_\_

STUDENT INSTRUCTIONS: Compose a personal statement that explains your educational plans and how those plans will lead to your chosen career. How did you choose that career and who or what influenced your decision? Your composition will be an important part of your application so please give it considerable thought. **Please use Times New Roman font, 12 pt. font size, single space, maximum 1,000 words and you may use the space provided or attach your completed personal statement.**

## TRANSCRIPT AND SCHOOL RECORD

Student Name \_\_\_\_\_

### TRANSCRIPT SUBMISSION

**TO HIGH SCHOOL STUDENTS:** Please request an Un-Official school transcript from your School Registrar's Office. Student will fill-in requested information. Please be sure to make a digital copy of your unofficial transcript and college admission test scores.. **You will need to attach digital copy of your un-official transcript with completed application to nanaikaponohcc@gmail.com.**

Cumulative GPA \_\_\_\_\_ on a \_\_\_\_\_ scale, covering a period from \_\_\_\_\_ to \_\_\_\_\_

This GPA is  weighted  unweighted      The school's passing mark is \_\_\_\_\_

Total in Class \_\_\_\_\_

#### Standardized Test Scores:

ACT: Date Taken \_\_\_\_\_ Composite Score \_\_\_\_\_

SAT: Date Taken \_\_\_\_\_ Verbal \_\_\_\_\_ Math \_\_\_\_\_

### High School Counselor

**Please provide us with the following information about your high school guidance counselor. We will keep this information on file in case we need to contact your counselor.**

**Counselor First Name**

**Counselor Last Name**

**Counselor Email Address**

### LETTER OF RECOMMENDATION

Minimum of one (1) letter of recommendation written by a teacher, academic advisor, youth leader, coach or personal acquaintance (non-relative). Make a digital copy. You will need to attach this digital copy with completed application (Board members are not allowed to write letters of recommendation).

## FINANCIAL ANALYSIS QUESTIONNAIRE

Student Name \_\_\_\_\_

### Financial Analysis

**ALL APPLICANTS** must complete the financial information section.

	<b>FIR S T C H O I C E</b>	<b>SECOND C H O I C E</b>	<b>THIR D C H O I C E</b>
• NAME OF SCHOOL			
• ESTIMATED COSTS:			
• ANNUAL TUITION			
• Room/Board (if applicable)			
• Books/Supplies			
• Personal Expenses			
• Total Annual Cost			
• Less: Estimated Family Contribution (From Student Aid form)			
• Less: Scholarships and grants (If known)			
• FINANCIAL AID NEEDED			

Are you an independent student?     Yes     No *(Students who are no longer claimed by parents for income tax purposes)*

**Is this student currently employed?**     Yes     No **If yes, please complete the following information:**

Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Date of Hire \_\_\_\_\_ Position \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Number of hours worked per week \_\_\_\_\_

### FAMILY INFORMATION

Name of father/stepfather/guardian \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Name

of mother/stepmother/guardian \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Check

if applicable:  Father Deceased     Mother Deceased     Parents Married     Parents Separated     Parents Divorced     Single Parent

Number of dependent children in the home \_\_\_\_\_ How many people in your household are attending college at this time? \_\_\_\_\_

Did either parent graduate from college?     Yes     No    Which one?     Mother     Father

Part of the criteria is financial need. Describe personal or family circumstances that make it necessary for you to seek aid for your education. If you and your family have unusual circumstances, such as illnesses not covered by insurance, unemployment, etc. that affect income, please include those as well.

**CERTIFICATION:** I/We certify that the information in this application is true and complete to the best of my knowledge. I/We understand that the financial information will be considered for review by the Scholarship Committee. I/We realize that failure to comply with a request for further information may prevent that applicant from receiving any aid. I/We will supply any additional information the Nanaikapono Hawaiian Civic Club Scholarship Committee may request. Permission is hereby given to release financial information requested for consideration with this scholarship application.

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

## APPLICATION CHECKLIST

Student Name \_\_\_\_\_

### CERTIFICATION & SIGNATURES

In submitting this application, I certify that the information provided to Nanaikapono Hawaiian Civic Club Scholarship Committee is complete and accurate to the best of my knowledge. Falsification of information will result in termination of any scholarship granted. I also certify that I have read the instructions and will comply with all requests for documentation of my financial need, my transcripts, the status of other scholarship awards I receive, or changes in my plans, should I receive a scholarship. I understand this application is subject to verification by the Nanaikapono Hawaiian Civic Club Scholarship Committee.

In submitting this application, I hereby give my educational institution permission to release information regarding financial need and admission status to the Nanaikapono Hawaiian Civic Club Scholarship Committee.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### PRESS MEDIA RELEASE

If selected to receive a scholarship, I authorize Nanaikapono Hawaiian Civic Club to use my name, likeness and any other information, excluding financial information and social security number, in any media form and type of publication, including annual reports and newsletters. I grant to Nanaikapono Hawaiian Civic Club any and all rights to said use without compensation.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
*(if applicant is under 18 years of age)*

### REMINDERS

#### Did you remember to:

- Complete and sign all pages of the application and all additional supplemental forms.
- Fill-in all highlighted fields (if applicable)
- Attach digital copy of letter(s) of recommendation and email with application.
- Attach digital copy of your un-official school transcript(s) and email with application.
- Attach digital copy of your personal statement and email with application.
- Complete your financial statement, including parent's finances where necessary.
- Attach digital copy of your acceptance letter from your 2 year and 4-year college or university
- Complete and sign the Application Checklist/Certification & Signature page
- A copy of your application will be emailed to you.
- Be sure to submit fillable application and required documents by May 3, 2024, 4:00pm pm in the same email. DO NOT SEND REQUESTED DOCUMENTS SEPERATELY!**