

2018 SCHOLARSHIP APPLICATION

APPLICATION DEADLINE: July 25, 2018

PROGRAM GOALS

The To'utupu 'Oe 'Otu Felenite Association supports and advances the awareness of Pacific Islander issues through education and outreach. The Education Scholarships will be awarded based on the availability of funds to students who will be attending college during the 2018-2019 academic year.

TOFA does not discriminate on the basis of race, gender, sexual orientation, religion, national and ethnic origin or disability. In support of TOFA's mission and goals, TOFA encourages application from students who have Pacific Islander ancestry.

Applicant Eligibility

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| Δ II | ctudent | applicants | muct | meet | the | talla | านนาทด | crit | eria. |
| Δ III | Student | abblicants | musi | moot | uic | TOIL |) W III & | OLIU | oria. |

| The student must be a resident of Sacramento |
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| The applicant must be currently enrolled as an undergraduate or graduate student at an |
| accredited two-year or four-year college or university. |
| The applicant must possess a minimum grade point average (GPA) of 2.75 |
| Two letters of recommendation must accompany the application from separate |
| individuals, neither of whom are related to the applicant, and: |
| The applicant must demonstrate commitment to the Pacific Islander community in a |
| written personal statement. |

Selection of Scholarship Recipients

TOFA Scholarship Selection Committee will make awards based on recipients having demonstrated commitment to the Pacific Islander community, abilities, academic achievements, career goals, civic activities, and leadership skills. All applicants will be notified by mail of the status of their application by **August 15, 2018**, regardless of outcome.

| Name: | | | |
|---|--------------|------------------------|---|
| Last Driver's License (State, #) | | First | Middle Initial |
| Current Street Address: | | | |
| Phone: | Street | City | State/Zip |
| Email Address: | | | |
| Alternate Contact#: (i.e. cellphone, voicemail, work, | | | |
| Mailing Address: (If different from home) | Street | City | State/Zip |
| EMERGENCY CONTAINFORMATION Name: Address: | | Relationship: | |
| Home Phone: | Street | City Work Phone: | State/Zip |
| EDUCATIONAL BACKGRO | | | |
| Degree seeking: | | Major/minor: | Expected graduation date: |
| Current Class Year: | | | |
| PERSONAL STATEMEN | T: | | |
| length. Put your own name a | and name of | your school at the top | lard letter-sized pages in total of each page. Please use Times e address each of the following |
| ☐ How have you contri service? | ibuted to yo | ur community in the ar | reas of diversity, leadership and |
| | evements ar | e you proud of? | in class and school organizations? |

LETTERS OF RECOMMENDATION

Please submit two letters of recommendation that have been written within the last six (6) months (at least). The letters must clearly refer to you by name and provide comments that describe your character and abilities. A parent or close relative will not be considered a valid reference. The name, occupation, and contact information for each author must appear on the letters.

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| Ц | I understand that late or incomplete applications will not be considered. My ability to |
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| _ | accurately follow instructions will be considered during the selection process. |
| Ш | I understand that if I'm not able to attend, I will send someone to represent me on |
| | September 21, 2018. If recipient or representative cannot attend, they may forfeit the |
| | scholarship. |
| | I certify that I am currently enrolled as an undergraduate or graduate college student at an accredited community college, college, or university. |
| | I hereby authorize TOFA to use information on my application and any photos that I |
| | provide for publicity or public relations purposes. |
| | I certify that all of my information on this application is true and complete to the best of |
| | my knowledge and that I will forfeit my award if any information that I provide is found |
| | to be deliberately false, inaccurate, or misleading. |
| | |
| | |
| Name (| of Application (please print) Signature Date |
| | |
| ✓ | APPLICATION CHECKLIST |
| | Original signed application form |
| | Official transcripts |
| | Your personal statement |
| | Two (2) letters of recommendation |
| _ | |
| | Portrait color photo (head shot) 2 inches square and 300 dpi (600 pixels square). The |
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Deadline: Application and materials must be postmarked by July 25, 2018. An incomplete application will not be considered.

| heard | about our program by checking one of the following: |
|-------|---|
| | College/University |
| | TOFA INC. website |
| | Press Release |
| | Social Network |
| | Relative/Friend |
| | Community Organization |
| | Name of Organization: |
| | Other: |

TOFA strives to effectively promote the scholarship program. Please let us know how you

Thank you for your interest in the TOFA Scholarship Program. If you have any questions, please email our Education committee at scholarships@tofainc.org or our Scholarship Chair, Dr. Liz M. Lynn at lizlynn@starstream.net, (916) 624-4444.