



4th Annual Scholarship Program

SCHOLARSHIP APPLICATION FORM

To apply, student athletes must meet all eligibility requirements and submit the following items by **May 2, 2014**

1. **SCHOLARSHIP APPLICATION:** This form completed and signed.
2. **TRANSCRIPT OF GRADES:** An official transcript of grades for your current year. 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 services performed, achievements and references)

APPLICANT INFORMATION

APPLICANT'S FULL NAME		EMAIL ADDRESS		
PERMANENT ADDRESS		CITY	ZIP	TELEPHONE NO.
HIGH SCHOOL ATTENDING	HIGH SCHOOL ADDRESS	CITY	ZIP	
NAME OF SCHOOL FOR WHICH THIS SCHOLARSHIP WILL BE USED			CURRICULLUM	
ADDRESS OF SCHOOL FOR WHICH THIS SCOLARSHIP WILL BE USED			NO. OF CREDITS	

STUDENT ATHLETE 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 of Guardians..... \$ _____/year Self..... \$ _____/year Other (i.e. Social Security) _____ \$ _____/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 _____ \$ _____/year TOTAL..... \$ _____/year Recent AGI of Applicant..... \$ _____/year Recent AGI of Parents/Guardians..... \$ _____/year (AGI = Federal Adjustment Gross Income) Number of Parent's Dependents..... _____ Father's Employment/Occupation: _____ Mother's Employment/Occupation: _____

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 Hawaii Softball Foundation to take and publish my picture upon receiving a scholarship.

SUBMIT APPLICATION, TRANSCRIPTS, LETTERS OF INTENT AND RESUME TO:

Hawaii Softball Foundation
2063A Iholena Street
Honolulu, Hawaii 96817

APPLICANT'S SIGNATURE _____

DATE _____