

#### 2024 HAWAII SCHOOLS FEDERAL CREDIT UNION SCHOLARSHIP

Hawaii Schools Federal Credit Union awards a scholarship each year to an incoming college freshman in recognition of academic excellence.

**Eligibility**: Each applicant must:

- 1. Be a member of Hawaii Schools Federal Credit Union before the submission deadline;
- 2. Graduate from high school in 2024;
- 3. Be entering his/her freshman year in an accredited college or university located in the United States;
- 4. Have maintained a grade point average (GPA) of 3.0 or better;
- 5. Have a scholastic record of intellectual promise;
- 6. Submit a completed application.

**Amount**: \$1,000

#### **Submission Deadline:**

Must be received or postmarked no later than Friday, March 1, 2024.

**Submission**: Scholarship Committee

Hawaii Schools Federal Credit Union

233 Vineyard Street

Honolulu, Hawaii 96813-2446

#### **Required materials:**

- 1. A completed application, including:
  - a. An essay about your desire to receive the Scholarship.
  - b. An official transcript of grades from last school attended;
  - c. A High School Background Report
- 2. Two (2) completed recommendation forms.

**Payment**: Scholarship proceeds will be made payable to the university or college on behalf of the student

upon acceptance of enrollment.

**Selection**: The scholarship committee will thoroughly examine all completed applications submitted by the

deadline and will determine the applicant's standing. The Scholarship Committee will award

one scholarship to the applicant deemed most deserving.

# INSTRUCTIONS & CHECKLST

1.	Complete your Scholarship Application.
2.	⚠ Have your parent/guardian sign your Scholarship Application, acknowledging your submission.
3.	⚠ Write an essay, not to exceed 1000 words, explaining how the scholarship will help you.
4.	⚠ Have your high school complete the High School Background including scores from your Scholastic Aptitude Test (SAT) or American College Test (ACT).
5.	A Provide an official copy of your high school transcript.
6.	⚠ Have two people fill out and independently return one Recommendation Form each by the due date.
7.	△ Submit your completed application, with all supporting documentation to Scholarship Committee, Hawaii Schools Federal Credit Union, 233 Vineyard Street, Honolulu, HI 96813. Must be received

PLEASE DO NOT LEAVE THIS RESPONSIBILITY IN THE HANDS OF YOUR HIGH SCHOOL.

or postmarked no later than Friday, March 1, 2024.

	APPLIC		
(Please Print/Type)	(Completed b	oy applicant)	
Last Name	First		Middle
Street Address			
City	State	Zip	ne
Hawaii Schools FCU Account	nt #		High School
Date of Birth	Social Security N	[Gra	duation Date
In what high school activities	s did you participate?		
List any offices held or hono	rs received:		
List any academic honors rec	ceived:		
Attach letter of university or	college acceptance. If unavailable, list	universities or colleges that are revi	ewing your application(s):
Attach 1,000 word essay	. (See instructions for content)		
Applicant's Signature		<b>Date</b>	
Parent/Guardian Signat	ure	Date	

## HIGH SCHOOL BACKGROUND (Completed by high school representative) Applicant's Name Please complete and return this form to the applicant in time for an March 3, 2023, postmark deadline. (Please Print/Type) Name of School \_\_\_\_\_ Street Address Phone State City Zip of Name Principal \_\_\_ rating Name the student? Relationship (e.g. principal, teacher, counselor) Length of relationship What is your general evaluation of this student?\_\_\_\_ Sometimes special circumstances should be considered when evaluating a student's achievement record and test scores. Please explain if there are any. Other comments: Please indicate the following: Scholastic Aptitude Tests (SAT) American College Test (ACT) Class Ranking \_\_\_\_\_ Please attach a transcript of the student's grades. Include an explanation of the marking system used. Signature of Principal / Rater Date

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Applicant's N	Name						
candidly comp	med applicant is applying plete and return this reconformittee, Hawaii School	nmendation indeper	ndently pos	stmarked n	o later than	March 3, 202	23 to:
(Please Print/T <sub>j</sub>	ype)						
Please rate the a	applicant on the following qu	alities by checking th	e appropria	te box:			
		Outstanding	Above	Average	Below	No Basis for	
	Intellectual Capacity		Average		Average	Opinion	
	Motivation and Drive						
	Initiative						
	Character						
	Leadership						
	Scholastic Ability						
	Writing Ability						
	Speaking Ability						
Comments:  Describe what y	you feel are the Applicant's o			es			
WI	l d'antique de la l'angle						
	lationship to the applicant? _						
Years known in	this capacity						
Signature				Date			
Name							
					Phone		
City		State	7	Zip	-		

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		Outstanding	Above	Average	Below	No Basis for	
	Intellectual Capacity		Average		Average	Opinion	
	Motivation and Drive						
	Initiative						
	Character						
	Leadership						
	Scholastic Ability						
	Writing Ability						
	Speaking Ability						
Comments:	ou feel are the applicant's ove	rall strengths and/o	r weaknesse	es			
	ationship to the applicant? the capacity						
Signature				Date			
Name							
~							
City				7:n	Phone		
City		State		Zip			