



“He ‘a‘ali‘i ku makani mai au; ‘a‘ohe makani nana e kula‘i.”
I am a wind-resisting ‘a‘ali‘i, no gale can push me over.

WOMEN OF WAI‘ANAE 2015 SCHOLARSHIP APPLICATION INFORMATION

The Women of Wai`anae (WOW) is a non-profit organization dedicated to assisting non-traditional students, both women and men, seeking post high school educational opportunities. Requirements for scholarships are:

- High school graduate - (GED or CBASE acceptable)
- Long-term resident Wai`anae Coast resident (10 or more years)
- Age 25 years or older
- Non-traditional student – (did not go to college right after high school)
- Financial need
- Seeking undergraduate degree or vocational certificate (not graduate degree)
- Registered for school or committed to enrolling
- Willingness to provide documented community service with WOW or other nonprofit

Please submit the following:

1. TWO PAGE ESSAY re: financial need, educational goals and future plans
2. Proof of acceptance to an accredited college or vocational program leading to a degree or certification.
3. Most recent relevant transcripts/documents of completed programs
4. Two CURRENT letters of recommendation by non-relatives

**MAIL COMPLETED APPLICATION FORM AND DOCUMENTS
POSTMARKED BY April 20, 2015 to:**

**WOMEN OF WAI‘ANAE
c/o KAREN YOUNG
86-024 GLENMONGER ST.
WAI`ANAE, HI 96792**

Scholarships will be awarded in May 2015. **Please initial your agreement :**
to publish your name_____photo_____essay (name deleted)_____ if awarded.
Essays may be used in grant applications, promotional materials, WOW activities.



LATE or INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

WOMEN OF WAI`ANAЕ 2015 SCHOLARSHIP APPLICATION FORM

Please complete all questions. **Print clearly or type.** If an item is not applicable, enter N/A.

Last Name: _____ First Name: _____ Middle Initial: _____

Birth Date: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Number of years on Wai`anae Coast: _____ years

High school: Diploma, GED, CBASE _____ Year: _____

Other Schools/Programs: _____

Dates attended from: _____ to: _____ Grade Point Average _____

Other Certifications completed: _____

School you plan to attend: _____

Major Area of Study (be specific): _____

Intended Degree or Certificate: _____ Date of completion: _____

Have you received a WOW scholarship before? : _____ When: _____

Current other scholarships – Name/date/Amount

Place of employment (if applicable): _____

If you are selected but unforeseen circumstances prevent you from attending school, you must agree to return the scholarship award to Women of Wai`anae.

I certify that the information provided on this form is true and correct. I have provided documents to verify the information given. I understand that any deliberate false statements or misrepresentation will result in the loss of this scholarship.

Name (Print): _____ Date: _____

Signature: _____

Please check: My photo can be released: _____ Do not release my photo: _____