

KIA'I KA 'IKE Director's Group

EARLY LEARNING EDUCATION SCHOLARSHIPS

First Name Middle Initial Last Name
GENDER: Female Male HAWAII RESIDENT: Yes No DATE OF BIRTH:
ISLAND OF RESIDENCY: Oahu Maui County (also Lanai & Molokai) Kauai Hawaii Hilo Kona
CITIZENSHIP: USA Other:
EMPLOYER:

Mailing Address

City State Zip

Home Phone Work Phone Cell Phone Email

HAVE YOU EVER APPLIED FOR THIS SCHOLARSHIP FROM KIA'I KA 'IKE BEFORE?
No
Yes. If so, when?

IS YOUR EMPLOYER PAYING FOR THE ITEMS YOU ARE REQUESTING SCHOLARSHIP FOR?
No
Yes. If so, please explain:

HAVE YOU RECEIVED ANY FINANCIAL ASSISTANCE FROM OTHER SOURCES?
No
Yes. If so, please list.

IF PURSUING A DEGREE, WHAT ARE YOU PURSUING? WHAT YEAR ARE YOU IN?
Certificate Associates Bachelors Masters
Freshman Sophomore Junior Senior Other

TYPE OF SCHOLARSHIP APPLYING FOR:
Reimbursement
\*Date final tuition payment is due to educational institution:

\*\*Household size:

CHECK ALL THAT APPLY:
I am a Family Child Care Provider
I am an employee of a center-based child care facility, such as a preschool
Other:

What are your long-term career goals?

What are your educational goals?

Office Use Only:

Date Received Amount of Award Approval Date Approved By

**SCHOLARSHIP APPLYING FOR:**

- Early Learning Workshops / Seminars / Conferences
- CDA direct assessment fee
- PACE classes that have been converted to college credit
- College level courses listed here:

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I hereby attest that all information furnished in this application is true and accurate to the best of my knowledge. I understand that other financial assistance to pay for tuition and/or assessment costs may reduce my reimbursement and/or payment amounts as the intent of this scholarship is to limit out of pocket expenses. I hereby agree to repay KIA'I KA 'IKE any duplicated amount received from other financial assistance sources such as scholarships and grants. I also give consent to the institution at which I received the education and other scholarship/financial aid sources to release to KIA'I KA 'IKE any of the following information upon their request: Enrollment Status; Billing Account, Financial Aid, Academic Transcripts. I authorize KIA'I KA 'IKE to use my name on any printed or electronic material used by KIA'I KA 'IKE to promote its program to the public.

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Applicant's Signature

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Date

Scholarships are funded by the Lana Antonellis Fund. Scholarships are limited to \$500.00 per Academic Year (August 1 - July 31) and are awarded on a first come first serve basis. Applicants must be members of KIA'I KA 'IKE in good standing. Applicants will not receive notification if scholarship is not awarded. KIA'I KA 'IKE reserves the right to reject an application if stated criteria are not met. We also reserve the right to share scholarship information with other organizations awarding similar scholarships. We reserve the right to make changes to this scholarship on an annual basis.

**APPLICATION CHECKLIST FOR REIMBURSEMENT SCHOLARSHIP**

- Signed and completed KIA'I KA 'IKE Early Learning Education Scholarship application
- Proof of payment verifying that funds were debited from your account (cancelled check, bank/card statement, etc.). If you receive financial assistance from another source, include copy of A/R Inquiry Report from school's business office.
- Transcript or grade report that lists passing grade (minimum of a 2.0 GPA) of eligible coursework.
- CDA Credential
- Certificate of completion from Early Learning Workshop/Early Learning Conference & Sessions
- Copy of KIA'I KA 'IKE Membership Card

**Mail Applications to:**

**KIA'I KA 'IKE**

**P.O. Box 894103**

**Mililani, Hawaii 96789**

**Email: [info@kiaikaie.org](mailto:info@kiaikaie.org)**