



1109 Bethel Street * Lower Level
Honolulu, Hawaii 96813
(808) 536-5454
Fax (808) 528-2629

UA Local 675 ~ Scholarship¹

APPLICATION DEADLINE: June 7, 2024

Scholarships will be awarded in July.

A one-time scholarship grant of up to \$2,000.00 is available to Hawaii High School graduates whose parent, grandparent or legal guardian is a member or retiree of UA Local 675 in good standing.

The scholarship program is to encourage attendance at a 2 or 4 year institution of higher learning. Scholarship awards are based upon merit and all information provided will be kept confidential.

Eligibility Criteria:

1. A recent Hawaii public or private high school graduate.

Selection Criteria:

Academics, financial need, community involvement, special awards and honors including athletic achievement, and other evidence of personal motivation and eagerness to learn are among the criteria for selection.

Instructions To Applicant:

1. Complete this application and attach an official high school transcript.
2. Attach a recent head-and-shoulders photograph of yourself (**NO Photocopy**). Please write your name on the back of the photo carefully so as not to damage the photo. Photos will be used only if a scholarship is awarded. No photo or materials submitted will be returned.
3. Mail entire application packet to:
UA Local 675 ~ Scholarship
1109 Bethel Street – Lower Level
Honolulu, HI 96813
4. Attached are two copies of a form to be used for CONFIDENTIAL LETTERS OF RECOMMENDATION. Please ask two non-family members to fill this out. At least one reference must be from a staff member or counselor of your school. LETTERS OF RECOMMENDATION must be mailed directly to the office by **June 7, 2024**.

¹ The Scholarship program is administered under the auspices of the Imi Loa Foundation a State of Hawaii, private non profit organization of UA Local 675, Plumbers and Fitters of Hawaii. *If there are any questions you may call the office at 808-536-5454.*

UA Local 675 ~ Scholarship

CANDIDATE'S APPLICATION FORM - Part 1

(Please type or print)

Applicant Number _____
(*To be assigned during evaluation by Foundation)

APPLICANT'S FULL NAME (First, Middle, Last) _____

Date of Birth _____

Social Security Number _____

Current Address (complete) _____

Telephone Number _____

Father's Name _____

Address if different from Applicant _____

Mother's Name _____

Address if different from Applicant _____

Parent's Present Marital Status _____

Legal Guardian (if other than parent) _____

Address _____

Applicant's Work Experience:

List most current job held first.

| <u>Business Name</u> | <u>Title</u> | <u>Hours Worked per week</u> | <u>Duties</u> |
|----------------------|--------------|----------------------------------|---------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

I prepared this application and the information provided is correct and complete. I agree to an interview regarding my application; I also authorize the use of my name and photograph for publicity purposes should I receive a scholarship.

Applicant's Signature _____ Date _____

Parent's/Guardian's Signature _____ Date _____

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CANDIDATE'S APPLICATION FORM - Part 2

Applicant Number _____

APPLICANT'S PERSONAL FAMILY INFORMATION

All information will be kept confidential.

Please provide the name of your UA Local 675 eligible member.²

Regular () Retired ()

Name: _____ Relationship to Applicant: _____

List all other children in family regardless of age (whether still dependent or not)

| <u>First Name</u> <u>Only</u> | <u>Age</u> | <u>Occupation-if student, name</u> <u>school and grade level</u> |
|----------------------------------|------------|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

² A qualifying UA Local 675 member or retiree in good standing, includes a parent, grandparent, or your legal guardian.

UA Local 675 ~ Scholarship

CANDIDATE'S APPLICATION FORM - Part 3

Applicant Number _____

APPLICANT'S SCHOOL INFORMATION

Name of High School _____

Date of Graduation _____

Address: _____

Name of Principal _____ Tel. _____

Name of Counselor _____ Tel. _____

POST-HIGH SCHOOL PLANS

List up to three institutions you have applied or will apply to:

| <u>Institute/ Location</u> | <u>Accepted for Admission</u> | <u>Application Pending</u> |
|----------------------------|-------------------------------|----------------------------|
| 1. _____ | | |
| 2. _____ | | |
| 3. _____ | | |

What area of study are you interested in? _____

OTHER AID PROGRAMS

Have you applied for other financial aid or scholarships? () Yes () No

Please list:

1. _____
2. _____
3. _____

ACADEMIC ACHIEVEMENT

APPLICANTS GPA: _____

Please summarize the academic achievements you received in high school and attach a copy of your high school transcripts.

REFERENCES

Provide the names and addresses of two people who are able to form a judgment of your personal qualities, achievements and academic abilities and have each submit a CONFIDENTIAL LETTER OF RECOMMENDATION on the attached form on your behalf by **June 7th.**

At least one reference must be from a staff member, counselor, or instructor from your school.

Reference letters should be mailed directly to the Scholarship and not submitted with this application.

Reference #1: _____

Address _____

Telephone Numbers: Daytime _____

Evenings _____

Reference #2: _____

Address _____

Telephone Numbers: Daytime _____

Evenings _____

STUDENT ACTIVITIES, LEADERSHIP POSITIONS, ATHLETICS

List student activities in which you have participated during grades 9-12 and "x" the appropriate grade level(s). List leadership positions held and accomplishments and "x" the appropriate grade level(s). *Limit your response to the space provided - one entry per line.*

| Student Activities | Grade | | | | Leadership Position/ Accomplishment(s) | Grade | | | |
|---------------------------------|-------|----|----|----|---|-------|----|----|----|
| | 9 | 10 | 11 | 12 | | 9 | 10 | 11 | 12 |
| <i>Example: Student Council</i> | | | | | Vice-president | | | X | |
| | | | | | President | | | | X |
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CANDIDATE'S APPLICATION FORM - Part 3 (continued)

Applicant Number _____

COMMUNITY INVOLVEMENT

List community activities during grades 9-12 and "x" the appropriate grade level(s). Also indicate the hours per week. *Limit your response to the space provided - one entry per line.*

| Community Activities | Grades | | | | Level of Involvement | Hours Per Week | | | |
|----------------------|--------|----|----|----|----------------------|----------------|------|-------|---------|
| | 9 | 10 | 11 | 12 | | 1-5 | 6-10 | 11-15 | 16-20 + |
| | | | | | | | | | |
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Special Recognition, Awards, & Honors

List special recognition, awards, and honors received during grades 9-12 and "x" the appropriate grade level(s). List commendations *not* previously listed. *Limit your response to the space provided one entry per line.*

| Commendations | Grades | | | | Group or Activity |
|---------------|--------|----|----|----|-------------------|
| | 9 | 10 | 11 | 12 | |
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UA Local 675 ~ Scholarship

Deadline: June 7, 2024

Please complete and mail to:

UA Local 675 ~ Scholarship
1109 Bethel Street, Lower Level
Honolulu, HI 96813

Applicant's Name _____
Last Name First Name Middle Initial

Applicant's School _____

Name of Reference _____

Title/Relationship to Applicant _____

Address _____

Daytime Phone _____ Evening Phone _____

This applicant seeks one of UA Local 675's scholarship grants of up to \$2,000.00 to an accredited 2-year or 4-year institution or technical school.

Selection criteria includes academic achievements, financial need, community involvement. Special awards and honors including athletic pursuits, and other evidence of personal motivation and a desire to further their education.

Please describe your relationship to the applicant and your assessment of both the applicant's attributes and areas that need attention.

This statement is confidential and will not be released to the applicant or any other parties other than the Foundation's Selection Committee.

Please attach a letter to this form and submit to our Selection Committee at the above address.

Your Signature _____

Date _____

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Date _____