

Applicant: attach your photo here



Checklist for Use by Applicant

- ___ Application
- ___ 2"x 2" photo of your face attached
- ___ Indicated degree & major
- ___ Personal Statement attached
- ___ Statement of Income and Expenses, signed, dated, and attached
- ___ Warranty and Waiver signed, dated, and attached
- ___ Transcripts sent from Registrar's office to the Selection Committee
- ___ Transcripts must verify a minimum 3.5 GPA
- ___ Letter of recommendation #1 sent directly to Selection Committee
- ___ Letter of recommendation #2 sent directly to Selection Committee
- ___ Other (specify) _____

**ALL OF THE ABOVE MUST BE POSTMARKED NO LATER THAN
Friday, January 26, 2024**

**Faith C. Ai Scholarship Application for the
Academic Year 2024-2025**

Carefully read these Directions, "Who May Apply," "How to Apply," and "Frequently Asked Questions" before filling out the Application Form, which starts with this page and ends with the "Warranty and Waiver."

DIRECTIONS

Send the completed hard copy of the Application and required attachments (see checklist above) to the address below, **postmarked no later than Friday January 26, 2024**. Please have the following items mailed **directly** to the Selection Committee:

1. Official transcripts from the Registrar's Office and
2. Two (2) letters of recommendation from the persons who are writing on your behalf.

We recommend that you retain copies of everything you send us.

**The Faith C. Ai Scholarship
Attn: Selection Committee
P.O. Box 29661
Honolulu, HI 96820**

The checklist located on this page has been included for your convenience. Please note that it is your responsibility to confirm that the official copies of your transcripts, as well as the two (2) letters of recommendation, have been mailed directly to the Selection Committee, and postmarked no later than January 26, 2024. Late and/or incomplete applications will not be accepted.

PRINT M i s [] Ms. [] Mrs. [] Mr. []

Last name First name Middle Initials

Type of scholarship I am applying for:

[] **Undergraduate degree** in _____ Number of credits taken Fall 2023 semester; _____ Intended number of credits Spring 2024 semester _____

[] **Master's degree** in _____ Number of credits taken Fall 2023 semester; _____ Intended number of credits Spring 2024 semester _____

[] **Ph.D. degree** in _____ Number of credits taken Fall 2023 semester; _____ Intended number of credits Spring 2024 semester _____

[] **Certified educator** who has been teaching and is currently pursuing a [] Master's degree [] Ph.D. [] part-time [] full-time Number of credits taken Fall 2023 semester; _____ Intended number of credits Spring 2024 semester _____. Summer school _____.



Application Information

Application Date: _____

Application for academic year 20____ to 20____

Undergraduate degree in Education I started my Undergraduate (Month)_____ (Year)_____ .

Master's Degree in _____ I started my Master's (Month)_____ (Year)_____ .

Ph.D. Degree in _____ I started my Ph.D. (Month)_____ (Year)_____ .

Certified educator who is teaching or has been teaching and is currently pursuing a

Master's Degree or Ph.D Degree Part-Time or Full-Time

I was born in the state of Hawaii or I have resided in Hawaii from _____ to _____ .

I will graduate with a _____ Degree in (Month)_____ (Year)_____ .

General Information

Full Name _____ Age (optional): _____
Last First Middle

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

When listing Education, Employment, and Activities, please start with your most recent information. Should you require more space, you may attach additional sheets of paper.

College University/
Currently Enrolled _____ Address _____

From _____ To _____ Year of Study _____ Field of Study _____

Other College _____ Address _____

From _____ To _____

Other College _____ Address _____

From _____ To _____

Other College _____ Address _____

From _____ To _____ Did you graduate **Yes [] / No []** Degree _____

High School _____ Address _____

From _____ To _____ Did you graduate **Yes [] / No []** Degree _____

Honors

Name of Honor	Year(s) Awarded

Awards and Scholarships

Name of Award or Scholarship	Amount	Year(s) Awarded

Personal Statement

In the personal statement, please write about yourself and why you chose your field of studies. Include in the body of your statement your goals as a teacher, and describe how your students will benefit from your classes. Also, describe what you believe to be your most significant personal or academic accomplishments, as well as your most significant “failures” or challenges, and what you learned from those experiences. Comment on how you would use this scholarship, should you be a recipient. If there is any other information you believe to be relevant to your application, please share it. **(Limit your answer to 2 pages, double-spaced, and attach to this application.)**

STATEMENT OF INCOME AND EXPENSES

Sources of Income (Annual Amount)

Employment, Wages, Tips \$ _____
 (Number of hours per week: _____)
 (Date started employment: _____)

Educational loans \$ _____

Government loans \$ _____

Social Security benefits \$ _____

Veteran's benefits \$ _____

Scholarships, awards, grants \$ _____

Work-study program \$ _____

Personal savings/Family assistance \$ _____

Spouse's/Partner's income \$ _____

Other (specify) _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Income (Annual) \$ _____

Expenses (Annual Amount)

Tuition, books, supplies \$ _____

Housing \$ _____
 (rent, mortgage, utilities, etc.)

Food \$ _____

Personal expenses \$ _____

Transportation \$ _____

Insurance \$ _____

Special expenses \$ _____
 (medical or dental)

Childcare \$ _____
 (school, babysitter, etc.)

Family care \$ _____
 (parents, other relatives)

Other (specify) _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Expenses (Annual) \$ _____

I have or will have a tuition waiver I have free or low-cost housing I have free or low-cost insurance I certify, under penalty of perjury, that I owe \$ _____ in education-related loans, and that, to date, I have paid \$ _____ toward these loans.

Signature

Date (mm/dd/yyyy)

Print name

Warranty and Waiver

I warrant that all the information provided by me is true and complete. Should any such information prove to be false, incomplete, or misleading, the Board of Directors of the Faith C. Ai Scholarship Fund and its Selection Committee ("Board") shall have, as their sole right and discretion, the power to recall any wrongfully made scholarship payments.

The Board reserves the right to inquire into and research information which I have provided, and I understand that I shall be responsible for the reimbursement of any payment(s) that were made to me on the basis of false, incomplete, or misleading information. I further agree to promptly return the payment(s), plus interest of 10% per annum.

I also agree to indemnify and hold harmless (i.e., release from any legal responsibility) the Board for any and all costs incurred by it, should I not promptly return the payments wrongfully made to me. In the event that I do not promptly reimburse payments wrongfully made to me, plus interest of 10% per annum, appropriate legal action shall be taken which could include reasonable attorney's fees and costs of court.

I give the Board permission to use the information I have provided in order to process my application for the scholarship. Should I be selected as a scholarship recipient, the Board has my permission to use my name, photo, and Personal Statement in literature and/or publicity regarding the Faith C, Ai Scholarship Fund. Therefore, I waive my right to privacy relating to the publicizing of the awards given by the Board.

I understand that no preference is, or will be, given to any applicant for the scholarship based on race, ethnicity, culture, nationality, religion, gender, age, sexual orientation, or marital status. I hereby waive any claims against the Board relating to the selection of successful applicants. I accept the decision of the Board to be final and not subject to review or revision, except for reasons provided above.

Signature: _____

Date: _____
(mm/dd/yyyy)

Print your name: _____