

***ACADEMIC SCHOLARSHIP APPLICATION FORM***

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| Name | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | |  | Telephone | | | | | |  | | | | | | |
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| E-mail | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| City | |  | | | | | | | | | | | | | | | | | State | |  | | | | | | | Zip | |  | | | | | | | |
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| Citizenship | | | | | | | | |  | | | | | | Hawaii Resident? | | | | | | | |  | | | | | | | No. of Years | | | | | |  | |
|  | | | | | |  | | | | | | | | |  |  | | | | | | | |  | |  | | | | | | | |  |  | | |
| ***Educational Information****:* (Please attach additional pages, if needed.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| High School attended | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | |  | | Year of Graduation | | | | | | |  | | | | |
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| Baccalaureate Degree | | | | | | | | | | |  | | | | | | | | | | | | |  | | Year Earned | | | | | |  | | | | | |
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|  | Major | | | | | | |  | | | | | | | | | | Institution | | | | | |  | | | | | | | | | | | | | |
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| Graduate Degree(s) earned | | | | | | | | | | | | | |  | | | | | | | | | | | | Year Earned | | | | | |  | | | | | |
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| Graduate Field of Study | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | University (Sem. /Yr.) | | | | | | | | | | | |  | | | | | | | Expected Graduation Date | | | | | | | | | | | | | |  | | | |
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|  | Current Grade Point Average (GPA) | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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| List all baccalaureate and graduate courses taken related to gerontology, including current courses. Attach official transcripts verifying this information. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Course Number | | | | | | | | | | | | | | | | Course Title | | | | | | | | | | | | | | | | | | | Sem. /Yr. | | |
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| If you are presently enrolled in or have completed a Gerontology Certificate Program, please provide the following information: | | | | | | | | | | | | | | | | | | | | | | |
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| Name of program | | | | Click here to enter text. | | | | | | | | | Location | | | Click here to enter text. | | | | | | |
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| Date of Completion | | | | |  | | | | | | | | | | | | | | | | | |
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| **Gerontology/Geriatrics Workshops or Conferences Attended:** | | | | | | | | | | | | | | | | | | | | | | |
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| Name/Title | | | | | | |  | | | | Location | | | | | | | | | |  | Date |
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| **Employment Information:** Please provide information regarding employment within the last five years, including the name of organization, location, position, title, description of duties and period of employment. | | | | | | | | | | | | | | | | | | | | | | |
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| **Other Related Experiences**: Briefly describe any volunteer of fieldwork, research, internship, practicum or other related experiences in working with the aged. Indicate where and when, in what capacity, and the length of the activity. | | | | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | |
| **Scholarship Utilization:** How do you intend to use this scholarship? | | | | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | |
| **Future Plans:** On a separate sheet, please describe your plans for further academic training and how this would help you to achieve your career goals relative to working on behalf of Hawaii’s elderly. | | | | | | | | | | | | | | | | | | | | | | |
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| **Finances:** On a separate sheet, please include a statement of financial need. Please list the cost of your educational needs for this academic year. | | | | | | | | | | | | | | | | | | | | | | |
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| Tuition and fees: | | | | | | |  |  | | | | | $ | Click here to enter text. | | | | | | | | |
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| Books, supplies, and computer services: | | | | | | | | | | | | | $ | Click here to enter text. | | | | | | | | |
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| Housing and food: | | | | | | | |  | | | | | $ | Click here to enter text. | | | | | | | | |
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| Other: | |  | | | | |  |  | | | | | $ | Click here to enter text. | | | | | | | | |
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| **Please list the financial resources to be used to meet the cost of your education.** | | | | | | | | | | | | | | | | | | | | | | |
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| Savings: | |  | | | | |  |  | | | | | $ | Click here to enter text. | | | | | | | | |
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| Income (own, spousal, parental support): | | | | | | | | | | | | | $ | Click here to enter text. | | | | | | | | |
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| Research/teaching assistantships: | | | | | | | |  | | | | | $ | Click here to enter text. | | | | | | | | |
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| Other scholarships or fellowships: | | | | | | | |  | | | | | $ | Click here to enter text. | | | | | | | | |
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| **References:** Please provide the names of two faculty members who are familiar with your academic work relevant to gerontology and who would serve as references. Moreover, arrange to have them send their letters included with your application. They may be sealed in an envelope. | | | | | | | | | | | | | | | | | | | | | | |
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| Name/Title | | | Click here to enter text. | | | | | | Institution | | | Click here to enter text. | | | | | | Phone | | | | Click here to enter text. |
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| Address | Click here to enter text. | | | | | | | | | | | | City | | Click here to enter text. | | | | | Zip | | Click here to enter text. |
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| ***Certification:*** I certify that the above information is accurate and complete | | | | | | | | | | | | | | | | | | | | | | |
|  | | | *Signed* | | |  | | | | | | | | | | | Date | | Click here to enter text. | | | |
| **Include attachments with your application:** Official transcript; Essay detailing Future Plans; State of Financial Need; Two letters of recommendation | | | | | | | | | | | | | | | | | | | | | | |