



## ALU LIKE, Inc.

### Hana Lima Scholarship Program - Application 2019-2020

**DEADLINE: Ongoing throughout the academic year and based on available funding**

The purpose of this Hana Lima Scholarship Program is to give financial assistance to students participating in a vocational or technical education program for occupations that can provide a “living wage.” This need-based scholarship is available to students in vocational programs that lead to a specific segment of employment. Eligible programs include, but are not limited to, diesel mechanics, automotive technology, nursing, medical assisting, cosmetology, and emergency medical technician. Students pursuing a major in Liberal Arts or are taking only pre-requisite courses are encouraged to select a major of study in order to qualify for additional services.

**As an applicant, you must meet the following criteria:**

- Be of Native Hawaiian ancestry
- Be a resident of the State of Hawai‘i
- Received a High School Diploma or equivalent
- Not currently receiving any Kamehameha Schools financial aid for post-secondary education
- Maintain a 2.0 or higher grade point average (GPA)
- Be enrolled at least half-time in a vocational degree (AA or AS - Associates degree) or certification program in one of the educational institutions in Hawai‘i listed below: \*Online courses will be considered on a case by case basis.

Advanced Care Training, LLC  
Alluring Lash Academy  
Applied Computer Training & Technology, Inc.  
Big Island Beauty Academy, LLC  
Caregiver Training School  
Commercial Training Consultants, Inc.  
Fernando's CDL Services  
H2K Driver Training Services, LLC  
Hawai‘i Affordable Trucking School, LLC  
Hawai‘i Cosmetology Academy  
Hawai‘i Dental Assisting Academy, LLC  
Hawai‘i Healing Arts College  
Hawai‘i Institute of Hair Design  
Hawai‘i Institute of Healthcare & Training Services  
Hawai‘i Massage Academy  
Hawai‘i Medical College  
Hawai‘i Medical Training Center, Inc.

Hawai‘i School of Dental Arts, LLC  
Healthcare School of Hawai‘i, LLC  
Healthcare Training & Career Consultants, Inc.  
Honolulu Nail & Aesthetics Academy, LLC  
IBS School of Cosmetology and Massage  
Island CPR, LLC  
Kapolei Massage Institute, LLC  
La‘i‘Ōpua Lapa‘au Health Academy  
Makana Esthetics Wellness Academy, LLC  
Maui Academy of Healing Arts  
Maui School of Therapeutic Massage  
Mid Pacific Medical Training Institute, LLC  
Operating Engineers Journeymen and Apprentice  
Training Center (OEJATC)  
Paul Mitchell The School, LLC  
Professional Healthcare Educators  
Quantum School of Holistic Health

Ricky T's CDL Services, Inc.  
The Skin Institute International, LLC  
UH - Hawai‘i Community College - Hilo  
UH - Hawai‘i Community College - Pālanuanui  
UH - Hilo - North Hawai‘i Education Research Center (NHERC)  
UH - Honolulu Community College  
UH - Kapi‘olani Community College  
UH - Kaua‘i Community College  
UH - Leeward Community College  
UH - Maui College  
UH - Windward Community College  
Windward Therapeutic Massage Center

-- This list is subject to change without notice --

**Terms and Conditions:**

The Hana Lima Scholarship award is a \$1,500 award to be used toward tuition, fees, books and other required tools or uniforms for a vocational program. Scholarship checks are mailed directly to the school or program. Please Note: The maximum times an applicant may receive the Hana Lima Scholarship is twice during the course of their lifetime.

For assistance, please contact  
**HanaLima@alulike.org** or call **808 535-6700**

Mail or hand deliver completed application and required documents to:

**ALU LIKE, Inc.**  
**Hana Lima Scholarship Program**  
**2969 Māpunapuna Place, Suite 200**  
**Honolulu, Hawai‘i 96819**

Hand delivered applications must be submitted during normal business hours (8:00 AM - 4:30 PM Mon.-Fri.)

**Our office is CLOSED on Federal & State Holidays**

Documents submitted separately may delay the eligibility process  
Mailed applications with inadequate postage will be returned to sender  
E-mail or fax applications will not be accepted



# ALU LIKE, Inc. Hana Lima Scholarship Application

For Office Use Only				
FALL	SPRING	SUMMER	OTHER	
Eligible (Check One)		Preliminary Evaluation		
YES		New Award	New Denied	
NO		Renew Award	Renew Denied	
Reason:				
Comments:				

## Checklist of Required Documentation

*Failure to submit ALL documents will cause your application to be considered incomplete.*

Checklist of Required Documentation - *Required*

Hana Lima Scholarship Application - *Required*

Acceptance Letter - *Required*

### All students need to submit an Acceptance or Enrollment Letter

For UH system students: Log in to <https://myuh.hawaii.edu/>

1. Select **Student Services Menu (All Campuses)**
2. Under **Registration**, click on “Check Registration Status”
3. Select term, click the “Submit” button, and print

Birth Certificate - *Required*

### All students need to submit a Birth Certificate in order to verify Native Hawaiian ancestry

If student's birth certificate DOES NOT indicate Hawaiian ancestry, also provide ONE of the following:

- Copy\* of birth certificate of parent showing Hawaiian ancestry
- Copy\* of Kamehameha Schools Ho'oulu Hawaiian Data Center Certification or Letter
- Copy\* of OHA Registry Card

Please DO NOT send an originals as it will not be returned.

Unofficial Transcript - *Required only if applicant has previously attended post-secondary education*

### For college academic work completed to date. Photocopies acceptable.

For UH system students: Log in to <https://myuh.hawaii.edu/>

1. Select **STAR GPS Registration (All Campuses)** and sign in if necessary
2. Click on “Transcripts” from the navigation bar
3. In the drop down box, select “All Campuses and Degree Levels”
4. Click campus transcript by “SEMESTER” button and print

Printout of Class Schedule - *Required*

### All students need to submit current class schedule

For UH system students: Log in to <https://myuh.hawaii.edu/>

1. Select **Student Services Menu (All Campuses)**
2. Under **Registration**, click “View and Print My Class Schedule”
3. Select term, click the “Submit” button, and print

Account Balance (Total Cost of Program) - *Required*

### All students need to submit account balance information

For UH system students: Log in to <https://myuh.hawaii.edu/>

1. Select **Student Services Menu (All Campuses)**
2. Under **Registration**, click “View My Charges / Make A Payment”
3. Under **Payment Information**, select “View My Account (charges and payments) for Each Term” and print

Financial Aid Award Letter/Package - *Required only if financial aid is offered through the school*

### All students need to submit a financial aid letter

For UH system students: Log in to <https://myuh.hawaii.edu/>

1. Select **View My Financial Aid Information (All Campuses)**
2. Under **My Award Information**, click “Award By Aid Year”
3. Select term, click the “Submit” button, and print

Income Verification - *Required*

### All students need to submit a copy of ONE of the following documents to verify household income:

- Verification of Public Assistance (TANF and/or Food Stamps)
- Most recent Federal Tax Return (IRS Form 1040 pages 1 & 2 as well as listing of additional dependents, if applicable.)
- Verification of Section 8 Housing



# ALU LIKE, Inc.

## Hana Lima Scholarship Program - Application 2019-2020

**DEADLINE: Ongoing throughout the academic year and based on available funding**

*Incomplete and late applications will not be considered. Faxed applications will not be accepted.*

Have you received the Hana Lima Scholarship in the past?  Yes  No

If yes, when were you awarded (semester & year)? \_\_\_\_\_

### **PART 1: Applicant - INCLUDE COPY OF BIRTH CERTIFICATE INDICATING HAWAIIAN ANCESTRY**

UH ID#: \_\_\_\_\_  
*If Attending a UH System School*

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Gender:  Female  Male

Mailing Address: \_\_\_\_\_  
Street or P.O. Box Apt. # City Island Zip Code

Permanent Address: \_\_\_\_\_  
Street Apt. # City Island Zip Code

Telephone: \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you the first in your family to attend a post-high school program?  Yes  No

Are you of Hawaiian or part-Hawaiian ancestry?  Yes  No

Do you have a high school diploma, or its equivalent?  Yes  No

High School: \_\_\_\_\_ Year: \_\_\_\_\_

#### **How did you hear about ALU LIKE, Inc.?**

- Self  Friend or Family  Informative Publication  Hawaiian Agency
- Health Care Provider  Other Agency  ALU LIKE Participant  Other Source

#### **What other ALU LIKE, Inc., services have you requested in the past?**

- Childcare Assistance  Employment & Training  Early Childhood Education
- Fishery Observer Training  Kūpuna Services  Individual Development Accounts
- Information & Referral  Library Services  Literacy Services
- Offender/Ex-Offender Services  Youth Services  Other Services

**PART 2: Program Information - We DO NOT assist with Baccalaureate, Graduate, or Professional Degrees**

Name of program/major (no acronyms): \_\_\_\_\_

School you plan to attend: \_\_\_\_\_

When did/will you start this program? Month: \_\_\_\_\_ Year: \_\_\_\_\_

When do you expect to graduate from this program? Month: \_\_\_\_\_ Year: \_\_\_\_\_

What degree or certification will you receive upon completion of your program? \_\_\_\_\_

Current GPA (Most recent semester's GPA): \_\_\_\_\_ Cumulative GPA (Total average GPA): \_\_\_\_\_  
(Does not apply to incoming Freshmen)

**PART 3: Non-Traditional Student Status - For Statistical Purposes Only**

Please select all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Student is a single parent                 | <input type="checkbox"/> Student is the sole income provider for others |
| <input type="checkbox"/> Student is disabled (meets ADA definition) | <input type="checkbox"/> Student was previously incarcerated            |
| <input type="checkbox"/> Student is a houseless                     | <input type="checkbox"/> Student is/was a ward of the court             |
| <input type="checkbox"/> N/A  |   |

**PART 4: Financial Information:**

Student's Status:  Single  Married  Divorced  Separated  Widowed  Domestic Partnership

Family Size:

Total number of immediate family members including student: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_

Please select the appropriate box to indicate your combined **annual household family** income for the previous year.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> \$0 to \$5,000       | <input type="checkbox"/> \$45,001 to \$55,000  | <input type="checkbox"/> \$100,001 to \$150,000 |
| <input type="checkbox"/> \$5,001 to \$15,000  | <input type="checkbox"/> \$55,001 to \$65,000  | <input type="checkbox"/> \$150,001 +            |
| <input type="checkbox"/> \$15,001 to \$25,000 | <input type="checkbox"/> \$65,001 to \$75,000  | <input type="checkbox"/> Unknown                |
| <input type="checkbox"/> \$25,001 to \$35,000 | <input type="checkbox"/> \$75,001 to \$85,000  |   |
| <input type="checkbox"/> \$35,001 to \$45,000 | <input type="checkbox"/> \$85,001 to \$100,000 |   |

Public assistance: (Check all that apply and include monthly household amount)

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> TANF: _____   | <input type="checkbox"/> SNAP: _____               | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> GA/SSI: _____ | <input type="checkbox"/> WIC (select if receiving) |                                       |

Student's Employment Status:  Full-Time  Part-Time  Self-Employment  Unemployed  Laid Off

Student's Employer: \_\_\_\_\_ Title: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_

**PART 5: Program Expenses**

Please attach with this application, a printout of your classes for which you registered for (Class Schedule or Registration)  
**Also include the printout of the "Account Balance" of payments made or amounts owed.**

Please indicate the estimated costs of your program of study.

Tuition (for current term)	\$ _____
Books (estimated costs for current term)	\$ _____
Uniforms/Tools - Describe: _____	\$ _____
Program Fees - Describe: _____	\$ _____
Childcare - Describe: _____	\$ _____
Transportation - Describe: _____	\$ _____
Other - Describe: _____	\$ _____
<b>TOTAL:</b>	<b>\$ _____</b>

**FINANCIAL ASSISTANCE**-Please list financial assistance that you have applied for or were awarded.  
**INCLUDE STATEMENT FROM SCHOOL EVEN IF FINANCIAL AID IS NOT OFFERED OR AVAILABLE**

#1 _____	\$ _____
#2 _____	\$ _____
#3 _____	\$ _____
#4 _____	\$ _____
#5 _____	\$ _____
<b>TOTAL:</b>	<b>\$ _____</b>

**Certification:**

The above information is true and correct. If asked by ALU LIKE, Inc., I agree to provide further documentation for information given on this form. I understand the application process will be terminated or my application will be disqualified by ALU LIKE, Inc., if any information that I have given in this application or to any third party as part of the qualifying process is false or misleading or if I have failed to provide timely information requested regardless of time elapsed after discovery. I shall be subject to termination of funds and repayment of funds, including reasonable attorney's fees incurred to collect such refund. I understand that this application and all required documents, including documents provided to a third party as part of the application process, shall become the property of ALU LIKE, Inc., and that forms and/or documents will not be returned. I understand that financial aid and scholarships are subject to availability of funds.

\_\_\_\_\_  
Applicant Signature *(Please hand sign, no digital signatures will be accepted)*

\_\_\_\_\_  
Date