



Dear Scholarship Applicant,

We are glad that you have chosen Kama'aina Kids as your child's early education and care provider. In an effort to make our services available to all families regardless of program and income, we have established a scholarship fund which is made possible thanks to contributions from Weinberg Foundation, First Hawaiian Bank, various other grants, as well as support from the community through the Target Circle Program, Foodland's Give Aloha program and our very own Kama'aina Kids families.

Although we would like to be able to help all Hawaii's families with their childcare financial needs, our funds are limited. Our scholarships range from 10%-50% of the tuition after discounts from outside sources. In order to prioritize the scholarships by need, we have a list of criteria that needs to be met in order to qualify for assistance through Kama'aina Kids scholarships. Please take a couple minutes to review the criteria. If you feel that you meet these criteria, please ask your center director or site coordinator for an application.

Sincerely,

Scholarship Committee

Criteria:

- ___ Enrollment with Kama'aina Kids
- ___ No more than 60% of tuition assistance from outside sources
- ___ Letter of acceptance/denial from DHS Child Care Connection Subsidy
- ___ 2 adult households have both parents/guardians working or attending school full-time
- ___ 1 adult household has parent/guardian working or attending school full-time
- ___ Ability to verify income for the past 6 months or full-time school status
- ___ No past due amount owed to Kama'aina Care Inc.
- ___ Income level at or below the following limits:

Family Size	<u>Monthly Gross Income</u>
2	\$4,718
3	\$5,680
4	\$6,643
5	\$7,605
6	\$8,568
7	\$9,530
8	\$10,493



Tuition Scholarship Application

SECTION A: Children Needing Assistance

Full Name (First, Middle, Last):	
Birthdate (MM/DD/YYYY):	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity: (optional) <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native/Hawaiian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other	
Do you receive financial Assistance for this child's education/care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, from where? (check all that apply) <input type="checkbox"/> Preschool Open Doors <input type="checkbox"/> JCCA <input type="checkbox"/> Child Care Connection <input type="checkbox"/> Pauahi Keiki Scholars <input type="checkbox"/> Other_____	
Does this child live with you full-time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name (First, Middle, Last):	
Birthdate (MM/DD/YYYY):	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity: (optional) <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native/Hawaiian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other	
Do you receive financial Assistance for this child's education/care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, from where? (check all that apply) <input type="checkbox"/> Preschool Open Doors <input type="checkbox"/> JCCA <input type="checkbox"/> Child Care Connection <input type="checkbox"/> Pauahi Keiki Scholars <input type="checkbox"/> Other_____	
Does this child live with you full-time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name (First, Middle, Last):	
Birthdate (MM/DD/YYYY):	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity: (optional) <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native/Hawaiian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other	
Do you receive financial Assistance for this child's education/care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, from where? (check all that apply) <input type="checkbox"/> Preschool Open Doors <input type="checkbox"/> JCCA <input type="checkbox"/> Child Care Connection <input type="checkbox"/> Pauahi Keiki Scholars <input type="checkbox"/> Other_____	
Does this child live with you full-time? <input type="checkbox"/> Yes <input type="checkbox"/> No	



Tuition Scholarship Application

SECTION B: Family Information

Parent/Primary Guardian's Home Address:		
City:	State:	Zip Code:
Home Telephone:		Cellular Telephone:
Parent/Secondary Guardian's Home Address:		
City:	State:	Zip Code:
Home Telephone:		Cellular Telephone:

SECTION C: Household Information

Please include all members living in households that are supported by family income. Provide information on each member below. This includes you, your spouse/significant other, the children listed in Section A, any additional dependents under the age of 19 who live in your home and any dependents 19-23 enrolled in college at least half time.

Name: Start with children in Section A	Age	Name of School currently enrolled in (if any)	Monthly Tuition	Amount paid by other sources	Amount paid by family
Totals					

Have you applied for financial assistance with any other sources? Yes No
 If yes, please list the agencies: _____



Tuition Scholarship Application

SECTION D: Sponsor Information

Sponsor Name (person responsible for payment):	
Choose one: <input type="checkbox"/> Biological/Adoptive parent <input type="checkbox"/> Step-parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent	
Current Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced/Widow	
Employment:	a. Occupation:
b. Employer:	c. Supervisor:
d. Phone:	e. # of hours /week:
Are you enrolled in school: <input type="checkbox"/> Yes <input type="checkbox"/> No # of credits/semester: _____	

Additional adult contributing to household:

Name:	
Choose one: <input type="checkbox"/> Biological/Adoptive parent <input type="checkbox"/> Step-parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent	
Current Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced/Widow	
Employment:	a. Occupation:
b. Employer:	c. Supervisor:
d. Phone:	e. # of hours /week:
Are you enrolled in school: <input type="checkbox"/> Yes <input type="checkbox"/> No # of credits/semester: _____	



Tuition Scholarship Application

SECTION E: Family Financial Information

Gross Monthly Income**	
a. Sponsor's income	
b. Additional Income	
c. Child Support Received	
d. Tuition Assistance	
e. Housing	
f. Food Allowance/Stamps	
g. Social Security	
h. COLA	
i. Other Income	
Total Monthly Income	

Monthly Expenses**	
a. Rent/Mortgage	
b. Phone	
c. Electricity	
d. Water	
e. Gas	
f. Cable	
g. Insurance	_____
Life:	_____
Auto:	_____
Health:	_____
h. Loans	_____
Car:	_____
Bank:	_____
Credit:	_____
Student:	_____
i. Gas/Bus Cost	
j. Estimated Food Cost	
k. Other	
Total Monthly Expenses	

**If zero, please explain:



Tuition Scholarship Application

SECTION F: Letter

Please write us a letter explaining your need for tuition assistance. Describe any special financial circumstances and/or any special needs of your child that you would like to be considered. Please be specific.

I certify that all the information provided in this application is true and correct to the best of my knowledge and all household income is reported. I understand that this information is being given in order to determine eligibility for receipt of tuition assistance and that this information will not be sold, distributed, or given to any entity other than the founders. I agree to furnish proof as required.

Child(ren)'s Name: _____ Site: _____

Signature of Parent/Guardian

Date



Tuition Scholarship Application

SECTION G: Supporting Documentation

Please provide the following documentation:

- Pay stubs from all contributing household members for the last three (3) months
- If self employed, a copy of your most recent General Excise Tax Return and most recently filed tax return
- If a student, a copy of your paid registration for current semester
- Copy of custody degree or legal separation paperwork if applicable
- Copy of Birth Certificate or Foster Placement if applicable
- Letter of acceptance or denial from DHS/CCC