

(Please print or type information)

PERSONAL INFORMATION

NAME: DATE OF BIRTH (Month, Day, Year ADDRESS:		SEX:
FAMILY INFORMATION		
FATHER'S NAME:		
NAME OF EMPLOYER:		
OCCUPATION:	_	
MOTHER'S NAME: NAME OF EMPLOYER: OCCUPATION:		
Please list your parents' dependents, incl dependents:	uding yourself, and/or if you are a pa	arent, list your
<u>NAME</u>	RELATIONSHIP	<u>AGE</u>
		
(Continue on a separate sheet if more spa	ace is needed)	
COLLEGE PLANS	,	
EDUCATIONAL OBJECTIVE (Proba	able College Major)	

COLLEGE TO WHICH YOU HAVE APPLIED FOR ADMISSION OR ATTENDING

(Please be sure to submit a copy of the Letter of Acceptance from the College or Univ	ersity
First Choice: Second Choice: Third Choice:	
FALEA Scholarship Application - Page 2	
Merits for Scholarship Consideration (Start with the most recent. Support with news, pictures if available)	articles and
GRADE POINT AVERAGE (Submit a copy of transcript):	
HIGH SCHOOL ACTIVITIES:	
COMMUNITY ACTIVITIES:	
SCHOLARSHIP AWARDS/HONORS:	
COMMUNITY AWARDS/HONORS:	
APPLICANT'S SIGNATURE	DATE



Character Leadership

Scholastic Ability Writing Ability Speaking Ability

(Please print or type inform	nation)				
APPLICANT'S NAME: HOME ADDRESS: HOME PHONE:				_	
The applicant is applicant and return		-	Please candid	ly answer the	following
	FALEA Schola P.O. Box 4135 Honolulu, HI		m		
1. Compared with other (c you know, please rate the a	· · · · · · · · · · · · · · · · · · ·	-	-		ate boxes
	Outstanding	Above Average	Average	Below Average	No Basis For Opinion
Intellectual Capacity					
Motivation and Drive					
Initiative					

2. Please describe the reasons for your ratings above needed.	. Use this space and back side of this sheet if

FALEA Scholarship Recommendation Form - Page 2

ame (Print):osition/Title:		
Signature		
his recommendation is prepared by:	D . (
How long have you known the applicant?		
Friend Other (please specify):		
Church Official		
Employer		
Teacher Professor		
What is your relationship to the applicant?		