

## **2024 SCHOLARSHIP APPLICATION**

	Section	I. Applicant Information		
Your Full Name:		First	M.I.	
Your Account Number:			Parent's Account Number (if applicant is a dependent):	
Permanent Hawaii Address:	Street Address		Apartment/Unit	
Temporary Mailing Address (If different from permanent):	City	State	ZIP Code	
	Street Address		Apartment/Unit	
Phone Number:	City	State Best time to contact you:	ZIP Code	
		2000 00000 00000000 40000		
E-mail Address:				
	Section	II. Education Information		
Name of High School Attended:				
Year of High School Graduation:				
Class year entering in College or Freshman Sophomore				
Declared or intended Major:				
Type of degree you will be pursu	uing (check one):			
□ AA □ AS □BA □ BS	□ MA □ PhD			
When will you graduate with	your degree?	Month Year		

College or Vocatio	nal School you are or will be attending (required)	:				
Name of School:						
Address of School	: Street Address	City	State	ZIP Code		
Please submit at least a paragraph about what you hope to achieve with your education and how this scholarship will help you achieve your personal goal(s). Attached additional page, if needed.						
	Section III. Required Finance	cial Education				
All applicants must use an e-mail address to register on Maui County FCU's financial education platform, Enrich, at <a href="https://mauicountyfcu.enrich.org">https://mauicountyfcu.enrich.org</a> and sign in while completing the below by 11:59 p.m. HST on May 31, 2024.						
1.	Borrowing smart and preparing for higher educ	cation a 20-minute c	ourse			
2.	Finding scholarships to help pay for school a 15-		<del></del>			
3.	Staying on track with student loans while in sch		<u>urse</u>			
4.						
5.	What is the True Cost of College? Direct and In	direct Costs infograp	<u>ohic</u>			
Select One:						
I will use the e-mail address provided in Section I to register on the financial education platform.  I will register and watch the videos using the following e-mail address:						
_	and water the videos asing the following e mail a	auress.				
Select One:	tod all the above					
I have completed all the above. I have not completed all the above yet but will by 11:59 p.m. HST by May 31, 2024.						
or the one listed	rify your completion of this requirement usi I in this section. Should you register and wa ity to inform the credit union.	_				
	Section IV. Certif	ication				
I certify that all the information on this form is true and complete to the best of my (our) knowledge. If asked by the Maui County Federal Credit Union, I (We) agree to give documentation for information given on this form. I (We) realize that this proof may include a copy of my Federal Income Tax return. I (We) realize that failure to comply with a request for further information may prevent the application from being considered for scholarships.						

Parent / Guardian Signature

Date

Applicant's Signature

Date