

WAILUKU BRANCH 224 Kehalani Village Drive Wailuku, HI 96793

KAHULUI BRANCH 270 Dairy Road, Suite 146

Kahului, HI 96732

LAHAINA BRANCH 270 Lahainaluna Road Lahaina, HI 96761

808-244-7968 · MAUICOUNTYFCU.ORG

2023 SCHOLARSHIP APPLICATION

	Section I	. Applicant Information		
Your Full Name: Last		First	М.І.	
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	Best time to contact you:	ZIP Code	
		— Best time to contact you.		
E-mail Address:				
	Section	II. Education Information		
Name of High School Attended:				
Year of High School Graduation	:			
Class year entering in College o	r Vocational School	(Check One):		
Freshman Sophomore	e Junior Senio	or Graduate Other (describe):		
Declared or intended Major:				
Type of degree you will be purs	uing (check one):			
□ AA □ AS □ BA □ BS	☐ MA ☐ PhD	Other (describe):		
When will you graduate with	your degree?	Month / Year		

College or Vocational S	chool you are or will	be attending (req	uired):			
Name of S	chool:					
Address of S						
	Street Addres	S		City	State	ZIP Code
What do you intend to	o use your education	on for?				
	Section	III. Required F	inancial Educatio	on		
All applicants must Enrich, at https://m		_	•		•	
1.	Choosing a schoo	l and understa	nding cost a 20-n	ninute cour	se	
	Financial aid awa		_			
	A Collage Student	_				
	How much should		•			
	Financing College		•			
6.	Finding "Free" Mo	oney for Colleg	ge article			
Select One: I will use the e-mail I will register and w						
Select One:						
☐ I have viewed/read	all of the above.					
☐ I will view/read all	of the above by 11:59	9 p.m. HST by Ma	y 31, 2023.			
*MCFCU will verify y or the one listed in t your responsibility to	his section. Should	l you register an	-		•	
		Section IV. (Certification			
I certify that all the i asked by the Maui C on this form. I (We) realize that failure to considered for schola	ounty Federal Crec realize that this pro comply with a rec	dit Union, I (We) oof may include	agree to give doc a copy of my Fed	umentation eral Income	for information Tax return. I (on given We)
Applicant's Signature		Date	Parent / Guardia	n Signature		Date
Submit completed ap	plications by mail:					
Maui County Federal		nolarships				

224 Kehalani Village Drive Wailuku, HI 96793-1272

Or email Bobbie Pagay at

bpagay@mauicountyfcu.org