

**HONOLULU POLICE COMMUNITY FOUNDATION  
SCHOLARSHIP APPLICATION FORM (SAF)**

Application Date \_\_\_\_\_ For Academic Year Beginning\_\_\_\_\_.

This form shall be used by all entering high school or college applicants who wish to apply for the Honolulu Police Community Foundation Scholarship Award. Each applicant should thoroughly familiarize themselves with the details contained in the Honolulu Police Community Foundation Scholarship Award Program as those conditions will be binding on this application. Adults applicants who are gainfully employed shall utilize form SSAF-01/24, attaching same to this form and completing questions #9 thru #17 of this form.

Complete the questionnaire online, print this form and submit no later than January 31st of each year proceeding the next academic year. No incomplete, late applications or applications postmarked after January 31st will be accepted.

Proof of acceptance into an Associate degree program, a Bachelor's degree program, a Post Graduate program at an accredited university or college, or a Professional Certification program at an accredited trade school in the United States, must be received by April 30<sup>th</sup> of each year preceding the next academic year. Failure to provide the required information by April 30<sup>th</sup> may void the application.

Applicant is responsible to insure that official transcripts of the 1st and 2nd semesters are sent to the HPCF by the deadlines as specified.

All applications and other required information should be sent to:

Honolulu Police Community Foundation  
P.O. Box 2057  
Honolulu, HI 96805  
Attention: Scholarship Committee

NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_.

PERMANENT ADDRESS \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_.

ZIP CODE \_\_\_\_\_ CELL PHONE \_\_\_\_\_.

E-MAIL ADDRESS \_\_\_\_\_ BIRTHDATE \_\_\_\_\_.

CAMPUS ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_.

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_.

1. HIGH SCHOOL \_\_\_\_\_ DATE OF GRADUATION \_\_\_\_\_.

(Attach a certified high school transcript for Freshman entrant only)

2. UNIVERSITY/COLLEGE ATTENDING \_\_\_\_\_.

ENTRY DATE \_\_\_\_\_ . Class Entering \_\_\_\_\_ .  
(If other than a Freshman entrant, attach certified transcript.)

3. OTHER UNIVERSITY/COLLEGE ATTENDED, IF ANY \_\_\_\_\_.

4. MAJOR \_\_\_\_\_ EXPECTED GRADUATION DATE \_\_\_\_\_.

5. FATHER'S FULL NAME \_\_\_\_\_ LIVING ( ) DECEASED ( )  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_.  
OCCUPATION \_\_\_\_\_ ANNUAL GROSS INCOME \_\_\_\_\_.

6. MOTHER'S FULL NAME \_\_\_\_\_ LIVING ( ) DECEASED ( )  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_.  
OCCUPATION \_\_\_\_\_ ANNUAL GROSS INCOME \_\_\_\_\_.

(Attach latest Federal Income Tax Returns, Form 1040, pages 1 & 2)

7. SIBLINGS: (Name/Age/Education Status/ Educational Institutions) \_\_\_\_\_.  
\_\_\_\_\_.

8. NAME, ADDRESS, AND PHONE NUMBERS OF LEGAL GUARDIANS, IF APPLICABLE \_\_\_\_\_.  
\_\_\_\_\_  
OCCUPATION \_\_\_\_\_ ANNUAL GROSS INCOME \_\_\_\_\_.

(Attach latest Federal Income Tax Returns, Form 1040, pages 1 & 2)

9. FINANCIAL AID (Indicate source and monetary amount)

CURRENTLY RECEIVING \_\_\_\_\_.

ANTICIPATE RECEIVING \_\_\_\_\_.

10. LIST BELOW AND ATTACH ONE LETTER OF CHARACTER REFERENCE, OTHER THAN RELATIVES:

NAME

ADDRESS

POSITION

\_\_\_\_\_

11. LIST BELOW AND ATTACH ONE LETTER OF RECOMMENDATION FROM CURRENT INSTRUCTORS:

NAME

SCHOOL/ORGANIZATION

---

NOTE: For sections 12 to 16, the high-school graduate will provide all pertinent information covering the past four (4) years that is applicable to the indicated specific areas. All other applicants will provide the pertinent information for the past year that is applicable to the indicated specific areas. Add another sheet if necessary.

12. WORK EXPERIENCE

(List: Specific Nature of Work, Employer, Dates of Employment, Total Hours)

13. COMMUNITY SERVICE      Requirement? \_\_\_\_\_ How many hours? \_\_\_\_\_

(List: Nature of Service, Organization, Approximate Dates of Service, Total Hours)

14. HONORS AND AWARDS (List)

15. LEADERSHIP EXPERIENCE (List: Organization, Position Held, at each Grade Level: 9, 10, 11, & 12)

16. EXTRACURRICULAR ACTIVITIES

(List: Activity/Organization, at each Grade Level: 9, 10, 11, & 12, Hours/Week, Weeks/Year)

17. PERSONAL STATEMENT

A personal letter written and signed by the applicant shall be attached to the application form. In no more than 500 words, the contents of the letter shall concern the following:

- A. Reason for desiring scholarship;
  
  
  
  
  
  
  
  
  
  
- B. Academic plans, including plans for graduate work and vocational plans; and
  
  
  
  
  
  
  
  
  
  
- C. Discuss an issue of personal, local or national concern and its importance to you; or
  
  
  
  
  
  
  
  
  
  
- D. Using one of the leadership roles or extracurricular activities you listed, describe what impact the experience had on you, what you contributed, what you learned about yourself, and how it influenced your plans for the future; or
  
  
  
  
  
  
  
  
  
  
- E. Any other subject matter that you would like the Committee to consider.

18. CONDITION OF AWARD

The applicant and applicant's parent(s) or guardian(s) are hereby apprised that repayment of the scholarship grant for the academic semester may be required if the applicant fails to comply with the requirement to maintain full-time status of 12 credits per semester or part-time status of a minimum of 6 credits per semester, whichever is applicable to said applicant; and to maintain a cumulative grade point average of 3.0, or a passing grade in a pass/fail grading system, whichever is applicable; or fails to meet any of the stated conditions for the award.

DATE \_\_\_\_\_ APPLICANT'S SIGNATURE \_\_\_\_\_.

DATE \_\_\_\_\_ PARENT'S/GUARDIAN'S SIGNATURE \_\_\_\_\_.

Complete the questionnaire online, print this form and submit no later than January 31st of each year proceeding the next academic year. No incomplete, late applications or applications postmarked after January 31st will be accepted.