HONOLULU POLICE COMMUNITY FOUNDATION SUPPLEMENTAL SCHOLARSHIP APPLICATION FORM (SSAF)

Application DateF0	OR ACADEMIC YEAR BEGINNING	
Adult applicants who wish to apply for the Honolulu Police Community Foundation Scholarship Award shall use this form in conjunction with the Scholarship Application Form (SAF $01/24$). Applicants shall complete this questionnaire, sign it, attach it to form SAF $01/24$, completing questions #9 thru #17 on form SAF $01/24$, and sign that form also.		
NAME	PHONE	
PERMANENT ADDRESS	FROMTO	
BIRTHDATEE-MAIL A	DDRESS	
OCCUPATIONANNUAL GROSS INCOMEANNUAL GROSS INCOMEANNUAL GROSS INCOMEANNUAL GROSS INCOME		
PLACE OF EMPLOYMENT	,, -	
	PHONE	
	DATE GRADUATED	
(Attach a certified high school transcript)		
UNIVERSITY/COLLEGE ATTENDED, IF ANY, AND	DATES ATTENDED	
(Attach a certified transcript or transcripts)		
UNIVERSITY/COLLEGE ATTENDING	ENTRY DATE	
PRESENT CLASSD. (Freshman, Sophomore, etc)	ATE OF EXPECTED GRADUATION	
SPOUSE'S FULL NAME	YOUR STATUS(Single, Divorced, Widowed)	

ADDRESS	PHONE
OCCUPATION	ANNUAL GROSS INCOME
Attach latest Federal Income Tax Returns (Forr	n 1040, pages 1 & 2)
CHILDREN (Name/Age/Education Status/ Educ	ational Institutions)
Continue by completing questions #9 thru #17	on form SAF 12/21 and attach this form to it.
18. CONDITION OF AWARD	
repayment of the scholarship grant for the applicant fails to comply with the requirement semester or part-time status of a minimum to said applicant; and to maintain a grade p	e discretion of the HPCF Scholarship Committee, academic semester may be required if the ent to maintain full-time status of 12 credits per of 6 credits per semester, whichever is applicable oint average of 3.0, or a passing grade in a pass/; or fails to meet any of the stated conditions for
DATE APPLICANT'S SIGNATU	RE

SSAF-01/24