

Waiohuli Hawaiian Homesteaders Association, Inc.
Scholarship Application Form
Academic Year: August 2025 - May 2026

APPLICANT'S NAME:			
	Last,	First,	Middle,
"Applicant" must be a resident of Waiohuli or Hikina Subdivision			
HOME ADDRESS:			
	City,	State	Zip Code
MAILING ADDRESS:			
	City,	State	Zip Code
PHONE NUMBER :			
EMAIL ADDRESS:			
NAME OF SCHOOL CURRENTLY ATTENDING:			
YEAR IN ATTENDANCE:			
1. Your high school (if applicable) academic records and test scores:			
<p style="margin-left: 40px;">A. Attach official transcript of your high school records (courses taken, grades achieved, and if available, test scores received for S.T.E.P., S.C.A.T., etc.)</p> <p style="margin-left: 40px;">B. List below your high school (if applicable), activities, such as offices held, special interest clubs, honors and awards.</p>			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Waiohuli Hawaiian Homesteaders Association, Inc.
Scholarship Application Form

Academic Year: August 2025 - May 2026

II. Your Outside Activities

List below your (if applicable) community activities (offices held, club memberships, honors, awards, etc.)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

III. Your Plans for Higher Education

A. The institution of higher learning you plan to attend during the academic year:

Applications have or will be filed to attend at:

- 1.
- 2.
- 3.

I have been accepted at:

- 1.
- 2.
- 3.

I have been accepted and plan to attend in Fall of 2026:

- 1.

Is there anything else you would like to share with us as to how this scholarship will be of assistance to you in pursuing your academic goal? (You may use a separate sheet of paper)

Waiohuli Hawaiian Homesteaders Association, Inc.
Scholarship Application Form Academic Year:
August 2025 - May 2026

PARENT(S) / GUARDIAN INFORMATION	
1. Lessee Name:	
2. Residence of Waiohuli since:	
3. Paid Member of WHHA?	
4. Must be a member before or by June 27, 2026.	
Contact Emma Yap - Email: whhamember@gmail.com Subject: Scholarship Membership Update	
The statements contained herein are true and correct to the best of my knowledge.	
Signature of Applicant: _____	
Parent Signature: _____	
(If Applicant is under 18 years of age - Print & Signature of Lessee)	
Date: _____	