APPLICATIONS MUST BE RECEIVED BY MAY 31, 2024.

MUST BE LEGIBLE - IF WE CAN'T READ IT YOU WILL BE DISQUALIFIED

The Hawaii Wall & Ceiling Industry Association Scholarship Fund

The Hawaii Wall & Ceiling Industry Association Scholarship Fund was established in 2003 to provide educational assistance to members of the HWCIA and/or their dependents who are entering either a two or four-year college.

<u>APPLICATION DEADLINE:</u> Applications must be received by May 31st of each year. Scholarship recipients will be selected in June and funds disbursed in July.

Eligibility Criteria:

- Applicant must be a member, or dependent of a member, of the Hawaii Wall & Ceiling Industry Association as well as a member of the Carpenter's, Taper's or Plasterers Unions.
- 2) Member must be in good standing with the association, trust funds and the unions.
- 3) If selected, proof of registration at a qualified educational institute must be presented.
- 4) Applicant must be enrolled in an accredited college or university as a full time student taking a minimum of 12 credit hours and must maintain a minimum GPA of 2.0.

Selection Criteria:

- 1) Scholastic Achievement Most recent transcript must accompany application. A GPA of no less than 2.0 is required
- 2) Leadership and/or Community Service Participation in Extracurricular activities in school such as sports, student government and school sponsored organizations. Participation in community service projects.
- 3) A one-page essay describing your future goals.
- 4) Two letters of recommendation one from a teacher or counselor and another from an employer, minister or community leader who is not related to you.

Instructions:

Completed application form must be <u>legible</u>, in pdf format and submitted with the required documents and letters by May 31, 2024. If you have any questions you may call (808) 839-6517. Email to <u>bbakono@aol.com</u> or mail to HWCIA, 3375 Koapaka St. #D131. Honolulu. Hawaii 96819.

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Send to:

HWCIA 3375 Koapaka St. Suite D131 Honolulu, Hawaii 96819

Or email to bbakono@aol.com

Applicant's Full Name:		Date of Birth:
Address:	City,	State
	Zip	
E-mail:	Phone:	
School Presently Attending:		
Your current Grade Level:		
Father's Name (or Guardian's nam	ne):	
Father's Employer:	Union	Affiliated with:
Mother's Name (or Guardian's Na	me:	
Mother's Employer:	Unio	n Affiliated with:
What field of study do you plan to	pursue?	
What school do you plan on attend	ing?	
Have you been accepted at this inst	itution?	
What extracurricular or communi	ty activities do you p	articipate in?
Have you received any Awards, Ho or for community service?	-	ognition from your school