

Scholarship Application Form
Kona Hawaiian Civic Club
P.O. Box 4098, Kailua Kona, HI 96745

PERSONAL INFORMATION

Name: _____ Phone: _____ (H)

Address: _____ Phone: _____ (W)

C,S,Z: _____ Phone: _____ (C)

Email: _____

Parent's Name: _____ Phone: _____

Address: _____ Phone: _____

C,S,Z: _____

School: _____

Address: _____

C,S,Z: _____

Start Date: _____ Grade Level: _____

FINANCIAL INFORMATION

Parents/Other: _____ Work/Other: _____

Total: _____

Signature: _____ Date: _____