

Please attach a current copy of your school identification (ID) in the green box provided. Thank you.

Instructions

Please type or print your answers. If the application is illegible, it will be returned to you.

ne green box wided. nk you.	Applicant Information		
	Name:		Date of Birth:
	Place of Birth: Parent(s) Information:		
	Mother:		Place of Birth:
	Father:		Place of Birth:
	M	lailing Addres	s
Street	:		
City:		State:	ZIP:
Telephone Contact(s)		Email	
Current Scho	ool	_	
Cumulative G	Grade Point Average (On a 4.0	scale) :	
School attend	ling in the Fall of 2024:		
I will be enter	ing the school mentioned above	as a:Fres	hman.
**Proof of accethe student.	ceptance and/or enrollment from	the above scho	ool is required before funds are released to
Scholarship (Checklist		
Most applic	_	ough mail uno	official transcript should be attached to your
Offici	al Acceptance Letter from Accep	pting College o	or University (Accredited 2 or 4-year college)
Two 1	etters of recommendation.		
a. Lett	ter from counselor or teacher of	attending High	School.
b. Let	ter from a person of choice (Past	tor Communit	y Leaderetc.)
FAFS	A eligibility (Pell Grant)		
- T	 500 words itle: "How will you benefit from assay must be typed and attached 		•

E LELEI LE ALOFA O LE ATUA



