



## **KAUA'I STUDENT APPLICANT:**

Kaua'i Student Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Date of Program/Activity: \_\_\_\_\_

Program/activity this scholarship will support: \_\_\_\_\_

Applicant Signatures: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(For applicants under 18 years of age)

## **KAUA'I SCHOOL/ORGANIZATION APPLICANT:**

Kaua'i School/Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Activity this scholarship will support: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Signer's Name: \_\_\_\_\_

Submit application & two letters of recommendation to:

Malie Foundation Scholarship

P.O. Box 13

Kapa'a, HI 96746

(808) 822-2166

Mahalo for applying for the Mālie Foundation Scholarship.