

# Hawaii Association of the Blind College Scholarship Application Form

## INSTRUCTIONS

1. Applicants must submit a letter (no more than two pages) describing his/her educational goals providing relevant information to the Scholarship Committee.
2. Applicant must provide a copy of official transcripts to the Scholarship Committee. If the applicant has not attended college or is in the first semester of attendance, official high school transcripts are required.
3. Applicant must submit at least two letters of reference, one of which must come from a professor or teacher.
4. The Scholarship Committee reserves the right to ask the applicant for additional information.
5. False information provided by the applicant will result in the disapproval of the application and/or termination of the scholarship with a legal action by the Scholarship Committee to reclaim any money previously awarded.
6. Information omitted by the applicant which is relevant to the requirements of the scholarship shall be considered to be falsely presented, and thus will result in termination and possible legal action.
7. Submit the form to the Scholarship Committee either via email to: Mr. Art Cabanilla at [sixsense@hawaii.rr.com](mailto:sixsense@hawaii.rr.com) or in print and mail to him at 1550 Aina Koa Avenue, Honolulu, HI 96821.

## Applicant Information

Name:	<input type="text"/>		
Street Address:	<input type="text"/>		
City/State/Zip Code	<input type="text"/>		
Day Phone:	<input type="text"/>	Evening Phone:	<input type="text"/>
Email Address:	<input type="text"/>		
Are you blind or visually impaired:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

## Education Plans

Name of College:	<input type="text"/>
Major (If any):	<input type="text"/>
Completed Credit Hours:	<input type="text"/>
Planned Courses:	<input type="text"/>

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application or interview may result in the disapproval or termination of scholarship.*

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