



# KAMAKAHO'OHIE SCHOLARSHIP APPLICATION FORM



## I. Applicant General Information

Name (Last, First, MI): \_\_\_\_\_ Birth Date: \_\_\_\_\_

Gender: M F Age: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## II. Applicant's Family History (if necessary, attach a separate page)

Date of Loss of Parent/Primary caretaker: \_\_\_\_\_ Residence since birth: \_\_\_\_\_

Household size: \_\_\_\_\_ # of siblings/dependents: \_\_\_\_\_ Place of birth: \_\_\_\_\_

List below others living in your home with you:

Household member	Relationship to Applicant	Age	Source of Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## III. Education: (if necessary, attach a separate page)

School attending next Fall: (if undecided, list schools applied to) \_\_\_\_\_

Current school: \_\_\_\_\_

Previous schools attended:

Name of school	Years attended	Grade Level	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## IV. Supporting Documents:

1. Applicant Statement/Essay – Please attach a statement, 850 word max, expressing why you are applying for this scholarship and the proposed use of the scholarship funds.
2. Two (2) supporting letters by anyone (other than the applicant) who is able to provide the nominating committee with a perspective as to why the applicant is deserving of this scholarship.
3. Copy of the death certificate for parent or primary caretaker of applicant.

I attest under penalty of perjury that the information I have given above is true and correct to the best of my knowledge. In the event that I may need assistance with the application process, I authorize \_\_\_\_\_ to be my representative. I give my consent for The Reid J.K. Richards Foundation to review and verify this information by requesting necessary documents and by contacting those pertinent sources. I also agree to personally respond to the Foundation Representative as required after receipt of assistance.

\_\_\_\_\_  
Signature of Applicant/Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorized Representative

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

**Application and supporting documents must be submitted as a single PDF file to [info@reidrichardsfoundation.com](mailto:info@reidrichardsfoundation.com) by the posted deadline date. Supporting letters may be sent separately. The deadline date is posted at [www.reidrichardsfoundation.com](http://www.reidrichardsfoundation.com).**

