



ROOSEVELT ALUMNI FOUNDATION
PO BOX 23424
Honolulu, HI 96823-3424

2021 SCHOLARSHIP AWARD RULES

PURPOSE

The purpose of this program is to provide financial aid to graduates of President Theodore Roosevelt High School who demonstrate the ability and desire, and have a financial need in order to pursue academic, trade or vocational school goals in the state of Hawaii. This year we also have a limited amount of funds to award to graduates who are pursuing their post high school education outside the state.

THE AWARD

The award shall be for monetary aid for one (1) year and is not automatically renewable. There will be no less than one (1) and not more than five (5) awards in one year. The number of awards each year will be determined by the Board of Directors of the Foundation.

ELIGIBILITY

1. Any graduating student or graduate of Roosevelt High School.
2. The applicant must submit evidence of acceptance at any accredited institution of higher learning. This may include institutions offering courses for study of a trade or vocation.

APPLICATION AND PAYMENT OF AWARD

1. Applicants must apply for this scholarship using the approved application form. A photocopy is acceptable.
2. A copy of the applicant's most recent transcript of grades must be attached to the application along with all other required attachments as requested on the application.
3. Completed applications and letters of recommendation must be submitted to Ms. Dayna Kaneshiro, College and Career Counselor by 3:00 p.m., March 31, 2021.
4. Our goal is to conduct interviews of finalists within a few weeks.
5. The payment of any award will be made to the applicant and the applicant's selected school or any fiduciary designated by the applicant / awardee.
6. The decisions of the Scholarship Committee and the Board of Directors of the Foundation are final.



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2021 SCHOLARSHIP APPLICATION

STUDENT

Name of Applicant _____
(Last) (First) (Middle)

Date of Birth _____ Place of Birth _____ Mobile Phone No. _____

Home Address _____ Home Phone No. _____

Mailing Address _____ Zip Code _____

E-mail Address _____

FAMILY

Father: Age _____ () Living () Deceased () Retired

Full Name _____

Address _____

Occupation _____

Employer _____

Annual Gross Income, Including Social Security, etc. \$ _____

Own or rent home _____

Present Marital Status _____

Mother: Age _____ () Living () Deceased () Retired

Full Name _____

Address _____

Occupation _____

Employer _____

Annual Gross Income, Including Social Security, etc. \$ _____

Own or rent home _____

Present Marital Status _____

List all other children in family regardless of age (whether still dependent or not)

Name	Age	Occupation – If Student, Name of School
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Guardian (if other than parent) _____

Address _____

Phone No. _____

POST HIGH SCHOOL PLANS

Name in order of preference the three post high school institutions you would like to attend:

Institution	Location/Address	Accepted for Admission	Application Pending
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What field of study do you intend to pursue?

OTHER AID PROGRAMS

Have you applied or intend to apply for other financial aid or scholarship programs? () Yes () No. If yes, please list them below:

PLEASE ATTACH THE FOLLOWING ITEMS:

1. A one-page statement telling us of your academic interests, goals and your vocational or professional plans.
2. Up to three (3) letters of recommendation will be accepted. At least one (1) is required.
3. Transcript of most current high school, college or university records.

_____ Date _____

(Applicant's Signature)