



PATCH—Supporting Hawaii’s Child Care Needs

# EARLY CHILDHOOD EDUCATION SCHOLARSHIPS (Year 2009-2010)

\_\_\_\_\_  
First Name Middle Initial Last Name

Female  
 Male

**ISLAND OF RESIDENCY:**  
 Oahu  
 Maui County (also Lanai & Molokai)  
 Kauai  
 Hawaii (Hilo & Kona)

**HAWAII RESIDENT:**  
 Yes  
 No

**CITIZENSHIP:**  
 USA  
 Other: \_\_\_\_\_

**DATE OF BIRTH**

**TYPE OF SCHOLARSHIP APPLYING FOR:**

Reimbursement  
 Need-Based\* \*\*

\*Date final tuition payment is due to educational institution: \_\_\_\_\_  
 \*\*Household size: \_\_\_\_\_

Office Use Only:

\_\_\_\_\_

Date Received \_\_\_\_\_

Action Log:

\_\_\_\_\_

\_\_\_\_\_

Amount of Award \_\_\_\_\_

Approval Date \_\_\_\_\_

Approved By \_\_\_\_\_

Permanent Hawaii Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City State Zip \_\_\_\_\_

Home Phone Work Phone Email \_\_\_\_\_

**HAVE YOU EVER APPLIED FOR THIS SCHOLARSHIP BEFORE?**

No  
 Yes. If so, when? \_\_\_\_\_

**IS YOUR EMPLOYER PAYING FOR THE ITEMS YOU ARE REQUESTING SCHOLARSHIP FOR?**

No  
 Yes. If so, please explain: \_\_\_\_\_

**HAVE YOU RECEIVED ANY FINANCIAL ASSISTANCE FOR THE SEMESTER?**

No  
 Yes. If so, please list. \_\_\_\_\_

**IF PURSUING A DEGREE, WHAT ARE YOU PURSUING?**

Certificate  
 Associates  
 Bachelors  
 Masters

**CHECK ALL THAT APPLY:**

I am a Family Child Care Provider  
 I am an employee of a center-based child care facility, such as a preschool  
 Other: \_\_\_\_\_

**What are your long-term career goals?**

\_\_\_\_\_  
\_\_\_\_\_

**What are your educational goals?**

\_\_\_\_\_  
\_\_\_\_\_

**WHAT YEAR ARE YOU IN?**

Freshman  
 Sophomore  
 Junior  
 Senior  
 Other

**Mail Applications to:**  
**PATCH**  
**Atten: Scholarships**  
**305 Wailuku Drive**  
**Suite 4**  
**Hilo, HI 96720**  
**Phone: 808-961-3169**

REV. July 2009

**SCHOLARSHIP APPLYING FOR:**

- CDA direct assessment fee
  - PACE classes that have been converted to college credit
  - College level courses listed here:
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I hereby attest that all information furnished in this application is true and accurate to the best of my knowledge. I understand that other financial assistance to pay for tuition and/or assessment costs may reduce my reimbursement and/or payment amounts as the intent of this scholarship is to limit out of pocket expenses. I hereby agree to repay PATCH any duplicated amount received from other financial assistance sources such as scholarships and grants. I also give consent to the institution at which I received the education to release to PATCH any of the following information upon their request: Enrollment Status; Billing Account, Financial Aid, Academic Transcripts. I authorize PATCH to use my name on any printed or electronic material used by PATCH to promote its program to the public.

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Applicant's Signature

Date

**EXAMPLE OF TUITION REIMBURSEMENT CALCULATION**

Tuition Cost:	\$2000.00	Total credits taken:	6
Pell Grant:	-500.00	Total ECE credits:	3
Total out of pocket	<u>\$1500.00</u>		
		(\$1500/6 credits) = \$250.00 per credit	
		\$250.00 x 3 ECE credits = \$750.00 reimbursement	

Scholarships are funded by the State of Hawaii, Department of Human Services (DHS). Scholarships are limited and awarded on a first come first serve basis. Applicants will not receive notification if scholarship is not awarded. PATCH and DHS reserve the right to reject an application if stated criteria are not met. We also reserve the right to share scholarship information with other organizations awarding similar scholarships. We reserve the right to make changes to this scholarship on an annual basis.

**APPLICATION CHECKLIST FOR REIMBURSEMENT SCHOLARSHIP**

- Signed and completed PATCH Early Childhood Education Scholarship application
- Proof of payment verifying that funds were debited from your account (cancelled check, bank/card statement, etc.). If you receive financial assistance from another source, include copy of financial aid report.
- Transcript or grade report that lists passing grade of eligible coursework completed between July 1, 2009 and May 31, 2010.
- CDA Credential dated between July 1, 2009 and May 31, 2010, if applicable.

**APPLICATION CHECKLIST FOR NEEDS-BASED SCHOLARSHIP**

- Signed and completed PATCH Early Childhood Education Scholarship application
- Proof of income eligibility which may include copy of recent pay stubs, AFDC/TANF history, etc.
- Proof of eligible coursework registration
- Date when final tuition is due. Application needs at least 3 weeks to be processed, so plan accordingly.
- Household size indicated on application
- Copy of signed and completed CDA Direct Assessment Application, if applicable

**APPLICATION DEADLINES  
(Postmarked on or before):**

ROUND 1: August 31, 2009  
ROUND 2: January 15, 2010  
ROUND 3: May 31, 2010\*

\*In Round 3, completed application forms must be postmarked on/before May 10, 2010, even if course ends on/before May 31, 2010. Submit grade report/transcript as soon as received, but no later than June 30, 2010.