



PATCH—Supporting Hawaii’s Child Care Needs

EARLY CHILDHOOD EDUCATION SCHOLARSHIPS

(Year 2009-2010)

First Name Middle Initial Last Name

<input type="checkbox"/> Female	ISLAND OF RESIDENCY:	<input type="checkbox"/> HAWAII RESIDENT:	<input type="checkbox"/> CITIZENSHIP:
<input type="checkbox"/> Male	<input type="checkbox"/> Oahu	<input type="checkbox"/> Yes	<input type="checkbox"/> USA
	<input type="checkbox"/> Maui County (also Lanai & Molokai)	<input type="checkbox"/> No	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Kauai		
	<input type="checkbox"/> Hawaii (Hilo & Kona)		

DATE OF BIRTH

TYPE OF SCHOLARSHIP APPLYING FOR:

Reimbursement

Need-Based* ** (Check income guidelines on application instructions)

*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

SCHOLARSHIP APPLYING FOR:

- CDA direct assessment fee
- PACE classes that have been converted to college credit
- College level courses listed here:

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.

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	\$1500.00		
		(\$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.



For residents of Hawaii Island only, Hawaii Island United Way has generously donated funding to support the professional development needs of the Hawaii Island child care community through this Early Childhood Education Scholarship. For more information, please visit our website: www.patchhawaii.org

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 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 transcript as soon as received, but no later than June 30, 2010.

Tuition Reimbursements are distributed 3 weeks AFTER THE CLOSE OF EACH ROUND.