

Hawaiian Financial Federal Credit Union

Scholarship Program

Scholarship Application

GENERAL INFORMATION

Applicant Name:			
Address:			
City, State, Zip: M	Member Name:		
Phone: M	Member's Account Number (Last 3 digits):		
Email Address:			
School Currently Attending:		Cumulative GPA:	
College/University Planning to Attend:			
Field of Study:		Expected Enrollment Date:	
Please select one of the following: I am	а	U.S. citizen	Permanent resident

I. LEADERSHIP (Include School, Employment, etc.)

Organization (Include Officer Position)	Years

Honors and Awards (Include School, Employment, etc.)	Year

VOLUNTEER/COMMUNITY SERVICE	Year Held

II. SCHOOL ACTIVITIES (Include Sports and Co-Curricular Activities)	Participation Year(s)

OTHER ACTIVITIES (Outside of school)	Years

III. EMPLOYMENT (Include average hours worked per week)	Year

MERIT ESSAY

Here at Hawaiian Financial Federal Credit Union, our mission statement is "We are people helping people make their dreams come true." To help us evaluate your application, please tell us what our mission statement means to you and how you will carry that with you through your college experience. Your response should be limited to the space provided in the form below. Handwritten essays must be legible, if not application may be disqualified.

VERIFICATION STATEMENT

To the best of my knowledge, the informat accurate. Original signature(s) is requir to request additional information from the a verification purposes.	ed. The Scholarsh	ip Committee reserves the right
I am at least 18 years of age	YES	NO
Signature of Applicant		Date
If the person signing is under 18, consent should be given by parent or guardian as follows:		
I hereby certify that I am the parent or lega	al guardian of:	
received, I do give my consent without res them.	ervations to the for	_, the above named, and for value egoing on behalf of him/her or
Signature		Date
Print Name		



I, ______, am the parent or legal guardian of ______, a minor who is ______ years of age ("Minor"). By signing this Media Release Form (the "Release"), I hereby grant Hawaiian Financial FCU ("Credit Union") permission, but not the obligation, to use my and/or my Minor's name, photo, likeness, story, video recordings, audio tapes, digital images, and quotes (hereinafter referred to as the "Media") in any and all of its publications, including but not limited to Credit Union's newsletters, emails, posters, website, social media (including Credit Union's Twitter, Instagram, and Facebook accounts), and other marketing publications. I also hereby irrevocably authorize Credit Union to edit, alter, copy, exhibit, publish, or distribute the Media for purposes of publicizing Credit Union's programs or to otherwise promote Credit Union. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness and/or my Minor's likeness appears.

I understand and agree that the Media will become the property and copyright of Credit Union and will not be returned to me in any form. I understand and acknowledge that I and my Minor (if applicable) will not be compensated in any way for providing the Media for Credit Union's use pursuant to this Release, nor will I receive credit for such Media. Finally, I waive any right to royalties or other compensation arising or related to the use of the Media.

I hereby hold harmless and release and forever discharge Credit Union from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have against Credit Union for the use of my and/or my child's Media or any other cause of action that may arise out of the Release.

I understand that the provisions of this Release constitute the entire agreement between the parties of this Release and supersedes all previous communications, representations, expectations, understandings, and agreements whether verbal or written between the parties or their respective representatives with respect to the subject matter of this Release. I also understand that the Release may not be modified or amended except by written agreement of both Credit Union and me.

I understand and agree that the provisions of this Release shall be governed by and interpreted in accordance with the laws of the State of Hawaii.

I am at least 18 years of age, am competent to contract in my own name and/or in the name of my Minor, and I have the requisite legal authority to enter into this Release on behalf of myself and/or my Minor. I have read and fully understand the contents, meaning, and impact of this Release.

Signature

Date

Print Name



By signing this Media Release Form (the "Release"), I hereby grant Hawaiian Financial FCU ("Credit Union") permission, but not the obligation, to use my name, photo, likeness, story, video recordings, audio tapes, digital images, and quotes (hereinafter referred to as the "Media") in any and all of its publications, including but not limited to Credit Union's newsletters, emails, posters, website, social media (including Credit Union's Twitter, Instagram, and Facebook accounts), and other marketing publications. I also hereby irrevocably authorize Credit Union's programs or to otherwise promote Credit Union. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears.

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I hereby hold harmless and release and forever discharge Credit Union from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have against Credit Union for the use of my Media or any other cause of action that may arise out of the Release.

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Signature

Date

Print Name