



# Charles R. Kendall Scholarship & Education Fund

2009 - 2010 ACADEMIC YEAR

Charles R. Kendall

Scholarship for

HGEA members

and their

dependents who

are attending or

plan to attend a

*university,*

*college,*

*community  
college,*

*vocational school,*

*trade school or*

*other post-high  
school study*

on a full-time

basis.

Dear Applicant:

The Hawaii Government Employees Association, AFSCME Local 152, AFL-CIO, has established the Charles R. Kendall Scholarship and Education Fund to provide scholarships and grants to its members and dependents.

HGEA members and their dependents will be considered for a scholarship if they are attending or plan to attend on a **full-time basis** a university, college, community college, vocational or trade school, or pursue other post-high school study. Applicants will be pooled into two groups – 1) Charles R. Kendall Scholarship for those attending a university/college and 2) Russell K. Okata Scholarship for those attending a community college, vocational or trade school, or other post-high school study. Each group will be ranked separately and scholarships will be awarded to each group.

If you are selected as a recipient, in order to receive your award, in the fall semester you must enroll in the same group type school you indicated on the application form and you must attend school on a full-time basis. If these conditions are not met, your name will be withdrawn. Furthermore, should you subsequently receive a full scholarship that includes all room/board expenses, or you receive a full tuition scholarship and reside at home, then you will become ineligible to receive either scholarship award. Applicants may continue to apply every year until they become a recipient of this award a maximum of four times.

The following criteria and maximum points for each criterion will be used in making final selections for scholarships:

**1. Financial Need (40 points)**

The Charles R. Kendall Scholarship and Education Fund application form and the Financial Statement will be used to determine your financial need. The Financial Statement must provide complete information. If a space is left blank or indicated not applicable you must explain why. You may attach a narrative to further explain your financial condition.

**2. Academic Ability (40 points)**

High school and/or college transcripts are used to determine academic ability. Transcripts should be mailed directly to HGEA and received or postmarked by the deadline stated below.

**3. Personal Letter (15 points)**

This provides you the opportunity to personally express yourself. It is required that a major portion of this letter describe what HGEA has meant to your family and how you and/or your family have been involved with HGEA. Additionally, the letter must explain why you are seeking a scholarship and what extracurricular activities you have been involved with and why.

**4. Recommendations (5 points)**

A minimum of three recommendations are required. It is preferred that they be provided by past employers, teachers, or professors. Recommendations must be mailed directly to HGEA and received or postmarked by the deadline date below.

Total maximum points are 100. Applicants will be ranked and recommended for scholarships to the C.R. Kendall trustees by numerical composite score.

All applicants must also submit a photo for use only if selected as a recipient. Photo should be headshot, preferably JPEG or TIF digital file (hi-res). Email to [memberbenefits@hgea.org](mailto:memberbenefits@hgea.org) or you can also mail a hardcopy with the application materials. (Photos will not be returned.)

Please direct all questions to Derek Mizuno, Administrator, at 543-0055, or your respective HGEA division office. Application materials, including all forms, transcripts, recommendations and photo must be received or postmarked by **February 16, 2009**. Send application materials to: Derek Mizuno, Administrator, HGEA Kendall Scholarship and Education Fund, 888 Mililani Street, Suite 601, Honolulu, HI 96813-2991. Mahalo a nui loa.



## ◆ SCHOLARSHIPS

What previous scholarships have you held - including either of the Charles R. Kendall Scholarship and Education Fund scholarships - and how many times for each (if more than once)?

---



---

What scholarships do you now hold for the coming school year and what are the amounts?

---

What other scholarships have you applied for, or are you applying for, to assist you in this same study? Include amounts requested. (Note: If other scholarships are granted to the applicant, the Kendall Board of Trustees must be immediately notified to determine applicant's need):

---



---



---



---



---

## ◆ PARENTS INFORMATION

<b>CHILDREN</b> (List student applicant first. Give specific dollar amounts where requested.)		Check below if dependent for income tax purposes	Check below if living with family	Name of present school, college or occupation	Year in school	Check appropriate box:			Cost of tuition and fees (Including room and board)
Name	Age					Public School	Private School	College	
Applicant									\$

**DO ANY OF THE ABOVE HOLD SCHOLARSHIPS OR RECEIVE GIFT AID FOR SCHOOL?  
IF SO, WHICH CHILDREN?**

Name	Amount	From whom?
	\$	

◆ PARENTS INFORMATION (continued)

LIST OTHER DEPENDENTS RECEIVING FINANCIAL SUPPORT FROM FAMILY (Do not include those listed above)			Check if living with family	Check if dependent for income tax purposes	Amount of total annual support from family
Name	Age	Relationship to Applicant			
					\$

◆ PARENTS OR MEMBER INFORMATION

Applicant, if you are the DEPENDENT of an HGEA member, please provide information on your parents, stepparents, or legal guardians.

Applicant, if you are a MEMBER of HGEA, please provide information on yourself. And if you are married, also include information on your spouse.

Please check the one that applies: <input type="checkbox"/> Father <input type="checkbox"/> Male HGEA Member <input type="checkbox"/> Stepfather <input type="checkbox"/> Husband of an HGEA Member <input type="checkbox"/> Male Guardian	Please check the one that applies: <input type="checkbox"/> Mother <input type="checkbox"/> Female HGEA Member <input type="checkbox"/> Stepmother <input type="checkbox"/> Wife of an HGEA Member <input type="checkbox"/> Female Guardian
Name	Name
Home Address	Home Address
Home Phone	Home Phone
HGEA Membership Unit (Circle one that applies): 2   3   4   6   8   9   13   Exc.   Ret.   Assoc.	HGEA Membership Unit (Circle one that applies): 2   3   4   6   8   9   13   Exc.   Ret.   Assoc.

◆ CERTIFICATION

I certify that the information I am providing in this application and all forms related to my application for the Kendall Scholarship is accurate and factual to the best of my knowledge and ability.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Application materials, including all forms, transcripts and recommendations, must be received or postmarked by **February 16, 2009**. Send application materials to: Derek Mizuno, Administrator, HGEA Kendall Scholarship and Education Fund, 888 Mililani Street, Suite 601, Honolulu, HI 96813-2991.



# Charles R. Kendall Scholarship & Education Fund

## 2009-2010 ACADEMIC YEAR ♦ FINANCIAL STATEMENT (CONFIDENTIAL)

Applicant's Last Name                      First Name                      Middle Initial                      Social Security Number

### **INSTRUCTIONS FOR COMPLETING THIS FORM:**

Applicant, if you are the DEPENDENT of an HGEA member, please complete sections B,C,D and F.

Applicant, if you are a MEMBER of HGEA, please complete sections A, C, E and F.

**A. MEMBER'S EMPLOYMENT INFORMATION:** Occupation/Title: \_\_\_\_\_

Employer: \_\_\_\_\_ Bargaining Unit/Department: \_\_\_\_\_ Union Member Since: \_\_\_\_\_

**B. PARENTS:** (check if living):     Father     Mother     Stepfather     Stepmother  
(check any that apply):     Parents separated     Parents divorced     Student has legal guardian (other than parents)     Father unable to work     Mother unable to work

### **C. PARENTS OR SPOUSE INFORMATION:**

Applicant, if you are the DEPENDENT of an HGEA member, please provide information on your parents, stepparents, or legal guardians.  
Applicant, if you are a MEMBER of HGEA and married, please provide information on your spouse.

Please circle the one that applies:

**Father, Stepfather, Male Guardian or Husband**

Please circle the one that applies:

**Mother, Stepmother, Female Guardian or Wife**

Name \_\_\_\_\_

Name \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Work Address / Phone \_\_\_\_\_

Work Address / Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Years with Company \_\_\_\_\_

Years with Company \_\_\_\_\_

Social Security Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

**D. DEPENDENTS:** How many dependent children, including yourself, will your parents, stepparents or guardians claim or have claimed as federal tax exemptions:

(DO NOT LEAVE BLANK)    For 2007? \_\_\_\_\_    For 2008? \_\_\_\_\_    For 2009? \_\_\_\_\_

How many dependent children will attend school in 2009-2010? \_\_\_\_\_

**E. DEPENDENTS:** How many dependent children will you claim or have claimed as federal tax exemptions:

(DO NOT LEAVE BLANK)    For 2007? \_\_\_\_\_    For 2008? \_\_\_\_\_    For 2009? \_\_\_\_\_

How many dependent children will attend school in 2009-2010? \_\_\_\_\_

**IMPORTANT — Be sure to complete section F on page 2**

**F. FINANCIAL INFORMATION**

**Applicant:** If you are the DEPENDENT of a HGEA member, please provide the following information as it applies to your parents, stepparents or guardians. Or, if you are a MEMBER of HGEA, please provide the following information as it applies to you and, if married, to your spouse.

You **MUST** add totals where indicated. Do **NOT** leave any blank spaces, especially under the "wages" section. Indicate "N/A" if not applicable. If wages are left blank or indicated "N/A," you **MUST** provide a written narrative to further explain your financial situation.

**ANNUAL INCOME AND EXPENSES**

INCOME	2007	2008
1. Wages, salaries, tips, etc. of: Father, stepfather, male guardian, union member applicant, or applicant's husband:	_____	_____
Mother, stepmother, female guardian, union member applicant, or applicant's wife:	_____	_____
2. Dividends and interest:	_____	_____
3. Net profit from business and/or farm:	_____	_____
4. Other income (specify): _____ _____	_____	_____
5. Non-taxable income (specify): _____ _____	_____	_____
<b>Total Income (Add Items 1-5):</b>	=====	=====
<b>EXPENSES</b>		
Alimony paid:	_____	_____
Medical & dental expenses not covered by insurance:	_____	_____
Emergency expenses incurred (attach description): _____	_____	_____
Federal income tax paid or estimated to be paid:	_____	_____
State income tax paid or estimated to be paid:	_____	_____
Other expenses (specify): _____	_____	_____

**ASSETS AND LIABILITIES**

ASSETS	AMOUNT
6. Cash in savings, checking, etc.:	_____
7. Investments (present market value):	_____
8. Purchase Price of Home/Residence (if home is not owned, enter "0"):  Year purchased: _____  Estimated present market value of home: \$ _____	_____
9. Other real estate, investments and net value of business assets (specify): _____ _____	_____
<b>A. Total Assets (Add Items 6-9):</b>	_____
<b>LIABILITIES (AMOUNT OWED)</b>	
10. Loans outstanding on car, appliances, furniture, etc.:	_____
11. Amount owed on credit cards:	_____
12. Unpaid mortgage principal on home if owned (if home is not owned, enter "0"):	_____
13. Other amounts owed (specify): _____ _____	_____
<b>B. Total Liabilities (Add Items 10-13):</b>	_____
<b>NET ASSETS (A - B)</b>	=====
<b>OTHER</b>	
Face value of parents' or member applicant and spouse's life insurance policies: _____	_____
Annual rent or mortgage payments on family residence:	_____



# Charles R. Kendall Scholarship & Education Fund

2009-2010 ACADEMIC YEAR ♦ RECOMMENDATION FORM  
(CONFIDENTIAL)

**Applicant, please provide the following information:**

Applicant's Name: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ HGEA Member's Work Phone: \_\_\_\_\_

The applicant is applying for the HGEA Charles R. Kendall Scholarship. Please candidly answer the following questions and return this form by **February 16, 2009**, directly to:

**Derek Mizuno, Administrator**  
**HGEA C.R. Kendall Scholarship and Education Fund**  
**888 Mililani Street, Suite 601**  
**Honolulu, HI 96813-2991**

1. Compared with other (check one) \_\_\_ Students \_\_\_ Employees \_\_\_ Other (describe): \_\_\_\_\_  
 you know, please rate the applicant on the following qualities by checking the appropriate boxes:

	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS FOR OPINION
INTELLECTUAL CAPACITY					
MOTIVATION AND DRIVE					
INITIATIVE					
CHARACTER					
LEADERSHIP					
SCHOLASTIC ABILITY					
WRITING ABILITY					
SPEAKING ABILITY					

2. Please describe the reasons for your ratings above. Use this space or attach a sheet, if needed:

**IMPORTANT — Be sure to complete questions on page 2**

# CONFIDENTIAL Recommendation Form — Page 2

3. Describe what you feel are the applicant's overall strengths and/or weaknesses:

4. What is your relationship to the applicant?

Teacher

Professor

Employer

Church Official

Friend

Other (please specify):

5. How long have you known the applicant?

From (month, year): \_\_\_\_\_ To (month, year): \_\_\_\_\_

**THIS RECOMMENDATION WAS PREPARED BY:  
(PLEASE PRINT)**

Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date