

## Hawaiian Financial Federal Credit Union

### *Scholarship Program*

#### Program Information

#### **PURPOSE**

To encourage HIFICU members or their dependents to pursue higher education at any two- or four-year accredited college or university in the United States of America.

#### **NUMBER AND AMOUNT OF SCHOLARSHIPS**

Twenty (20) individual awards of \$2,000 each.

#### **ELIGIBILITY CRITERIA**

1. Applicant must either be a member or a legal dependent of a member whose HIFICU account is in good standing\* for a minimum of 3 consecutive months prior to the application deadline.
2. Applicant must be a US Citizen or permanent resident.
3. Applicant must have a minimum GPA of 3.0

#### **SELECTION CRITERIA**

The scholarship committee will score applicants based on the following criteria:

1. ACADEMIC - Based on applicant's certified transcript.
2. LEADERSHIP - Based on leadership and/or school/employment activities, honors and awards and other experiences.
3. SCHOOL/COMMUNITY SERVICE - Based on the quality and impact of service to their school and/or communities.
4. RECOMMENDATION - Based on letters of recommendation.
5. MERIT - Based on applicant's essay.

#### **REQUIREMENT CHECKLIST**

Please use this checklist to ensure your application package is complete before submission:

- Completed application form with original signatures. Signature of parent or legal guardian is required if the applicant is a minor. Failure to have original signatures will disqualify the application.

**Please limit your responses to the application form. Attachments or inserts will NOT be reviewed. Application package MUST be postmarked by **October 15, 2022.****

- Two (2) original signed letters of recommendation from individuals not related to or living with the applicant. Letters of recommendation must be dated within one year of the date of application submission.
- Certified sealed school transcripts. Transcripts may also be mailed directly by the school to the address below.

Completed application, certified transcripts, and two (2) letters of recommendation must be postmarked by October 15, 2022 to:

**Hawaiian Financial Federal Credit Union**

**Attn: Scholarship Committee • 1138 North King Street • Honolulu, Hawaii 96817**

**Hand carried or late applications will NOT be accepted**

## **DEADLINE**

The completed application, certified transcripts, and two (2) letters of recommendation **MUST** be postmarked no later than October 15, 2022. Do not submit scholarship applications or supporting documentation via email. Any applications received after the deadline will not be reviewed or returned.

## **REVIEW AND AWARD**

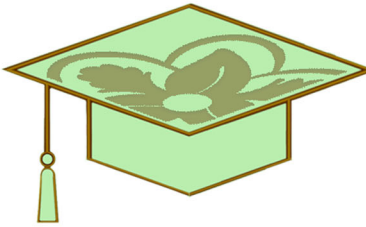
The Scholarship Program Committee will review and evaluate each application using the selection criteria above. Scholarship Program Committee selections will be final and at the complete discretion of the Scholarship Program Committee. Scholarship award decisions will be made by November 30, 2022. Recipients will be notified by mail to the address provided on the application. Scholarship awards will be sent directly to the student's financial aid office to be credited towards payment of tuition and fees directly related to obtaining a degree. Scholarship recipients will be required to sign a Media Release Form and provide a photograph. We reserve the right to ask for evidence of applicant's status as a U.S. citizen or permanent resident. Failure to provide such evidence in a timely manner may disqualify the scholarship application.

## **QUESTIONS**

Please send any questions to [scholarship@hificu.com](mailto:scholarship@hificu.com)

## **PRIVACY POLICY**

Hawaiian Financial Federal Credit Union maintains the highest level of confidentiality with respect to your scholarship application information. Only committee staff members have knowledge of the names of the scholarship applicants. For all other individuals in the scholarship review process, the names of the scholarship applicants are not disclosed. Your scholarship application may be shared to help process your application, send correspondence, provide student support, or to arrange for deliveries of scholarship packets and other related materials. All parties are prohibited from using your personal information except in performance of their services relating to your scholarship application, and all parties are required to maintain confidentiality of your information. Hawaiian Financial Federal Credit Union does not sell, trade, or exchange your scholarship application information. Scholarship application visitors to [hificu.com](http://hificu.com) website are not tracked in any way by the Hawaiian Financial Federal Credit Union. From time to time, the names of scholarship recipients may be listed in press releases and on the Hawaiian Financial Federal Credit Union website after receiving the scholarship recipient's permission.



**Hawaiian Financial Federal Credit Union**

*Scholarship Program*

**Scholarship Application**

GENERAL INFORMATION	
Applicant Name:	
Address:	
City, State, Zip:	Member Name:
Phone:	HIFICU 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 a <input type="radio"/> U.S. citizen <input type="radio"/> 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.

VERIFICATION STATEMENT

---

To the best of my knowledge, the information provided in this application is complete and accurate. **Original signature(s) is required.** The Scholarship Committee reserves the right to request additional information from the applicant or authors of letters of recommendation for verification purposes.

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 legal guardian of:

\_\_\_\_\_, the above named, and for value received, I do give my consent without reservations to the foregoing on behalf of him/her or them.

---

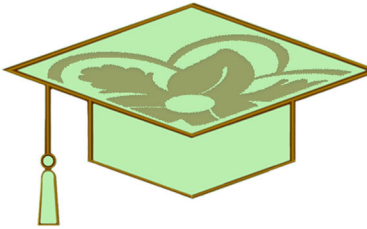
Signature Date

---

Print Name

---

Print Address



## Hawaiian Financial Federal Credit Union

### *Scholarship Program*

---

#### MEDIA RELEASE FORM (if applicant is a minor)

---

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.

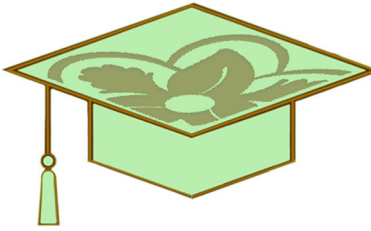
---

Signature

Date

---

Print Name



## Hawaiian Financial Federal Credit Union

### *Scholarship Program*

---

#### MEDIA RELEASE FORM

---

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 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 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 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 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 I have the requisite legal authority to enter into this Release on behalf of myself. I have read and fully understand the contents, meaning, and impact of this Release.

---

Signature

Date

---

Print Name