

Hawaiian Financial Federal Credit Union

Scholarship Program

Scholarship Application

GENERAL INFORMATION	
Applicant Name:	
Address:	
City, State, Zip:	Member Name:
Phone:	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 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:

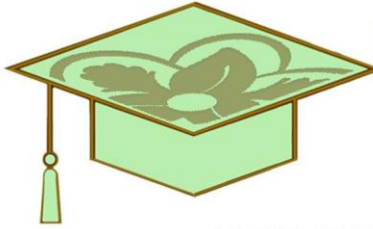
_____, the above named, and for value received, I do give my consent without reservations to the foregoing on behalf of him/her or them.

Signature

Date

Print Name

Print Address



Hawaiian Financial Federal Credit Union

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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.

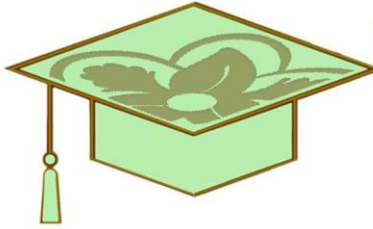
I understand and agree that the provisions of this Release shall be governed by and interpreted in accordance with the laws of the State of Hawaii.

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



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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.

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Signature

Date

Print Name