

2025 SCHOLARSHIP APPLICATION

	Section	i. Applicant information	
Your Full Name:		First	M.I.
Your Account Number:		Parent's Account Nu (if applicant is a depe	
Permanent Hawaii Address:	Street Address		Apartment/Unit
Temporary Mailing Address (If different from permanent):	City	State	ZIP Code
	Street Address		Apartment/Unit
Diama Namaham	City	State	ZIP Code
Phone Number:		Best time to contact you:	
E-mail Address:			
	Section	n II. Education Information	
Name of High School Attended:			
Year of High School Graduation:			
Class year entering in College or			
Declared or intended Major:			
Type of degree you will be pursu	uing (check one):		
□ AA □ AS □BA □ BS	□ MA □ Phi	D	
When will you graduate with	your degree?	Month Year	

College or Vocational S	School you are or will be attending (required):						
Name of School:							
Address of School:	Street Address	City	State	ZIP Code			
Please submit at least a paragraph about what you hope to achieve with your education and how this scholarship will help you achieve your personal goal(s). Attached additional page, if needed.							
	Section III. Deguised Einensiel Ed	lucation					
	Section III. Required Financial Ed	ucation					
All applicants must use an e-mail address to register on Maui County FCU's financial education platform, Enrich, at https://mauicountyfcu.enrich.org and sign in while completing the below by May 31, 2025.							
	Borrowing smart and preparing for higher educatio Repaying your student loans a 18-minute course Understanding credit reports and scores a 12-minute Using credit cards responsibly a 20-minute course Staying on track with student loans while in school	te course					
Select One: I will use the e-mail address provided in Section I to register on the financial education platform. I will register and watch the videos using the following e-mail address:							
Select One: I have completed all the above. I have not completed all the above yet but will by May 31, 2025.							
or the one listed in	your completion of this requirement using the this section. Should you register and watch the to inform the credit union.						
Section IV. Certification							
I certify that all the information on this form is true and complete to the best of my (our) knowledge. If asked by the Maui County Federal Credit Union, I (We) agree to give documentation for information given on this form. I (We) realize that this proof may include a copy of my Federal Income Tax return. I (We) realize that failure to comply with a request for further information may prevent the application from being considered for scholarships.							

Parent / Guardian Signature

Date

Applicant's Signature

Date