

Mason Contractors Assoc. of Hawaii Scholarships

(808) 384-1487



APPLICATION DEADLINE: May 18, 2012 (postmarked)

Scholarships will be awarded in June 19, 2012.

The Mason Contractors Assoc. of Hawaii will offer four \$1,500 scholarships to graduates of Hawaii High Schools entering or currently attending an accredited college in Hawaii or the U.S. Mainland, to encourage Island youth to continue studying at an accredited 2-year or 4-year college or technical school.

To assure that the most deserving Hawaii students receive continuing education support from this new Scholarship, the identity of and information provided about individual candidates will be kept confidential.

Eligibility Criteria:

1. One of the parents must be a Hawaii resident and a member of one of the following organizations: MCAH (Mason Contractor Assoc. of Hawaii), Laborers' Union, SEAHO or AIA Honolulu Chapter.
2. The student should also be graduating from a Hawaii public or private high school and/or is an undergraduate attending an accredited college or technical school in Hawaii or the U.S. mainland.
3. The member of the above organization or spouse is also eligible for this scholarship.

Selection Criteria:

Academics, financial need, community involvement, special awards and honors including athletic achievement, and other evidence of personal motivation and eagerness to learn are among the criteria for selection.

Instructions To Applicant:

1. Complete this application. Attach a certified copy of your high school transcript and/or your last college term transcript.
2. All materials submitted will not be returned to the applicant.
3. Mail entire application packet to:
MCAH Scholarship Committee
c/o Carol Wada
99-1245 Waiua Pl.
Aiea, Hi 96701
4. Attached are two copies of a form to be used for **CONFIDENTIAL LETTERS OF RECOMMENDATION**. Please ask two non-family members to fill this out. At least one reference must be from a staff member, counselor, instructor or professor at your school.

Have these individuals mail their **LETTER OF RECOMMENDATION** direct to MCAH c/o Carol Wada post-marked by May 18, 2012. (Applicant's responsibility to follow up with individuals writing the Letter of Recommendation)

If you have any questions, please call the MIH office, 384-1487.

Mason Contractors Assoc. of Hawaii Scholarships

CANDIDATE'S APPLICATION FORM – Part 1

(Please type or print legibly)

Applicant Number _____ (for committee use only)

FULL NAME OF APPLICANT _____

Applicant's Nickname if applicable _____

Date of Birth _____ Place of Birth _____

Home Address _____ City _____

_____ Zip Code _____

Mailing Address _____ City _____ Zip Code _____

Residence Telephone Number _____

Father's Full Name _____

Father's Address if not same as above _____

Mother's Full Name _____

Mother's Address if not same as above _____

Parent's Present Marital Status: Married Widowed Divorced Separated

Guardian (if other than parent) _____

Address _____

Applicant's work experience: List most current job held first.

Business Name	Title	Hours Worked per week	Duties
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date _____

Applicant's Signature _____

I hereby declare that I have read this application and that the information provided is correct and complete.

Date _____

Parent's/Guardian's Signature _____

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CANDIDATE'S APPLICATION FORM -- Part 2

Applicant Name _____

APPLICANT'S PERSONAL FAMILY INFORMATION

All information will be kept confidential.

Father: Age _____ () Living () Deceased

Father's Occupation _____

Father's Employer _____

Father's group affiliation, if any _____

Father's Annual Gross Income (Including Social Security, etc.) \$ _____

Mother: Age _____ () Living () Deceased

Mother's Occupation _____

Mother's Employer _____

Mother's group affiliation, if any _____

Mother's Annual Gross Income (Including Social Security, etc.) \$ _____

Family Owns Home () Rents Home ()

Family Owns () Does Not Own Other Property or business () If owns, please describe:

List all other children in family regardless of age (whether still dependent or not)

First Name Only	Age Occupation- if student name	school and grade level
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please indicate unusual financial obligations:

Mason Contractors Assoc. of Hawaii Scholarships

CANDIDATE'S APPLICATION FORM — Part 3

Applicant Name _____

APPLICANT'S SCHOOL INFORMATION

Name of High School/Current Institution _____

Date of Graduation _____

Address/Zip Code _____

Name of Principal _____ Tel. _____

Name of Counselor _____ Tel. _____

POST-HIGH SCHOOL PLANS (For High School Seniors)

Name in the order of preference the three post-high school institutions you would like to attend/attending

Institute/Location	Accepted for Admission	Application Pending
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1. _____

2. _____

3. _____

What field of study do you intend to pursue? _____

OTHER AID PROGRAMS

Have you applied or intend to apply for other financial aid or scholarship programs? () Yes () No If yes, please list them below:

1. _____

2. _____

3. _____

College/Technical School

College/Technical School _____ Field of Study _____

ACADEMIC ACHIEVEMENT

APPLICANT'S GPA: _____

Please summarize the academic achievements you have received while in high school/college. Please attach your high school/college or technical school transcripts and feel free to use an extra sheet, if necessary.

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CANDIDATE'S APPLICATION FORM — Part 3 (continued)

Applicant Name _____

COMMUNITY INVOLVEMENT

List community activities during the appropriate grade level/year(s). Also indicate the hours per week. Limit your response to the space provided — one entry per line.

Community Activities	YEAR	Level of Involvement	Hours Per Week				
			1-5	6-10	11-15	16-20	21+

Special Recognition, Awards, & Honors

List special recognition, awards, and honors received and the appropriate grade year(s). List commendations not previously listed. Limit your response to the space provided — one entry per line.

Commendations	YEARS	Group or Activity

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CONFIDENTIAL LETTER OF RECOMMENDATION—Part 4

Deadline: May 18, 2012 (post-marked)

Please fill out and mail directly to:

MCAH Scholarship Committee
c/o Carol Wada
Quality General
99-1245 Waiua Pl
Aiea, HI 96701

Applicant's Name _____
Last Name First Name Middle Initial

Applicant's School _____

Name of Reference _____

Title/Relationship to Applicant _____

Address _____

Daytime Phone _____ Evening Phone _____

This applicant is applying for one of four \$1,500 scholarships to support continued education at an accredited 2-year or 4-year college or technical school.

Selection criteria include academic achievements, financial need, community involvement, special awards and honors including athletic pursuits, and other evidence of personal motivation and eagerness to learn.

Please describe your relationship to the applicant and your assessment of both the applicant's attributes and areas that need attention.

This statement is confidential and will not be released to the applicant or any other parties other than the Scholarship Selection Committee.

Please attach letter to this form and submit to our Selection Committee at the above address.

Your Signature _____

Date _____

Mason Contractors Assoc. of Hawaii Scholarships

CONFIDENTIAL LETTER OF RECOMMENDATION — Part 4

Deadline: May 18, 2012 (post-marked)

Please fill out and mail directly to:

MCAH Scholarship Committee

c/o Carol Wada

99-1245 Waiua Pl

Aiea, HI 96701

Applicant's Name _____
Last Name First Name Middle Initial

Applicant's School _____

Name of Reference _____

Title/Relationship to Applicant _____

Address _____

Daytime Phone _____ Evening Phone _____

This applicant is applying for one of four \$1,500 scholarships to support continued education at an accredited 2-year or 4-year college or technical school.

Selection criteria include academic achievements, financial need, community involvement, special awards and honors including athletic pursuits, and other evidence of personal motivation and eagerness to learn.

Please describe your relationship to the applicant and your assessment of both the applicant's attributes and areas that need attention.

This statement is confidential and will not be released to the applicant or any other parties other than the Scholarship Selection Committee.

Please attach letter to this form and submit to our Selection Committee at the above address.

Your Signature _____

Date _____