



HEPA Education Foundation Scholarship Application Form

Name: _____

Address: _____

Phone Number (s): _____

Email address: _____

Name of School Currently Attending: _____

Date You Expect to Graduate: _____

College You Plan to Attend: _____

Student ID number, if known: _____

Write a personal letter describing your future plans and goals (i.e. family, education, career etc.)
Please also explain in your own words why your financial need is compelling.

**Scholarship application is to be postmarked by Saturday, April 20,
2019 to:**

**HEPA Scholarship Committee of Kauai
C/O Brycen Hiraoka
PO BOX 638
Waimea, HI 96796**