

Unity House, Inc.
Higher Education Scholarship Program Application

Academic Year: Fall 2008 – Spring 2009

Deadline: April 15, 2008

FOR OFFICE USE ONLY: PLEASE DO NOT WRITE IN THIS SPACE WEB

Status: New Renew F/P L1 L2 ESY VS PTO TR - GPA _____ Voter Confirm

Remarks: _____ Fee Cash \$ _____ Check # _____

IMPORTANT: Please READ the "Application Instructions" carefully for requirements and deadline dates.

APPLICANT (STUDENT) Please Print Clearly or Type

Last Name _____	Social Security # _____
First Name _____	Date of Birth _____
Middle Name _____	Home Phone _____
Address _____	Other Phone _____
City/State/ZIP _____	E-Mail _____

Have you ever received a Scholarship from *Unity House, Inc.*? YES - Year(s): _____ NO

BENEFICIARY STATUS

Last Name: _____	Social Security #: _____
First Name: _____	Middle Name: _____
Address: _____	Home Telephone: _____
City/State/ZIP: _____	Other Phone: _____
Employer: _____ Dept. _____	Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Retired
<i>Relation to Student:</i> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Grandparent <input type="checkbox"/> Legal Guardian	
<i>I have been a member of one of the following unions since (date):</i> _____	
<i>Please check one:</i> <input type="checkbox"/> Unity House, Inc. <input type="checkbox"/> H.E.R.E., Local 5 <input type="checkbox"/> Teamsters, Local 996 <input type="checkbox"/> Friend of Labor	

EDUCATIONAL INSTITUTION *Must be an ACCREDITED 2 or 4 year College or University. (Technical & Career oriented institutions will be considered on an individual basis)*

I will be attending the 2008-2009 school year as a: **NEW Student** **CONTINUING Student**

UNDERGRADUATE Student: **FULL TIME** (12+ credits per semester) **PART TIME** (minimum 6 credits per semester)
 GRADUATE Student: **FULL TIME** (8+ credits per semester) **PART TIME** (minimum 4 credits per semester)

PLEASE NOTE: Awards are based on two consecutive semesters

College/University _____
Address _____ City/State/ZIP _____
Major/Course _____ Degree/Certificate _____
Tuition Cost(s) per semester _____ Expected Date of Graduation _____

NOTE: Only TUITION & BOOKS are covered by the Unity House Scholarship. NO award payment will be issued without complete school information.

EDUCATIONAL BACKGROUND

High School _____ City/State _____ Date Graduated _____

List all other Universities, Colleges, Trade or Business School(s) attended in the past. (List most recent first; do not use initials).

<u>Name</u>	<u>City/State</u>	<u>Dates Attended</u>	<u>Degree, Diploma or Certificate received</u>
_____	_____	_____	_____
_____	_____	_____	_____

FAMILY INFORMATION

Circle One: **Father/Step-Father/Male Guardian** **Mother/Step-Mother/Female Guardian**

Name _____

Address _____

Phone Home _____ Work _____

Employer _____

Address/Phone _____

Position _____

Length Employed _____ (years) _____ (years)

Work Status: Full-time Part-time Full-time Part-time

Parents are: Single Married Divorced Separated Deceased Single

Household Income: Under \$18,000 \$18,001-\$30,000 \$30,001-\$50,000 \$50,001-\$60,000 \$60,001 or above

Ethnic Background: Hawaiian Japanese Filipino Chinese Korean Portuguese
 Caucasian Other _____

List Names of Other Dependents Living In Your Household:

<u>Name</u>	<u>Age</u>	<u>Relation to Applicant</u>	<u>School, College or Occupation</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Did any member(s) of your household receive a UNITY HOUSE Scholarship in the past? YES NO

If YES, please complete the following:

<u>Name</u>	<u>Degree Completed & Date</u>	<u>Currently Working At: Company Name</u>
_____	_____	_____
_____	_____	_____

Was the Unity House Higher Education Scholarship Program helpful? Yes No

If yes, then rate 5=very helpful, 1=not helpful: 1 2 3 4 5 (circle one)

Please Read This Section Carefully & Sign Below

1. If you are selected for a Unity House Higher Education Scholarship, it is your obligation and responsibility to promptly inform Unity House in writing, of any revisions to your record. Revisions include a change in address, school, or student status (i.e. part-time, full time, withdrawals). **FAILURE TO NOTIFY UNITY HOUSE OF SUCH REVISIONS MAY JEOPARDIZE THIS AWARD AND FUTURE AWARDS.**
2. In addition, all schools are asked to verify your student status. Any discrepancies will be reported to Unity House, and your award will be revised accordingly.
3. I have read and fully understand all instructions and requirements listed on this application, including the attached instruction sheet. I certify that the information I have provided is true to the best of my knowledge. I agree to provide additional information in support of my application upon the request of Unity House. Any falsification of information will disqualify me from applying for this benefit.
4. I understand that this application is for the current period **ONLY**, and will not be automatically extended into the next period. **FOR RENEWING:** I am aware of the dates of the next enrollment period; should I fail to submit a renewal application at that time, I will not hold UNITY HOUSE or its employees responsible for my negligence and forfeiture of any assistance.
5. I hereby consent that any photograph(s) or writing(s) and information, including personal, relative to this application and which I provided, and any other photographs in which the applicant appears, may be used by UNITY HOUSE, INC., its assigns or successors, in whatever way they desire, including publications, television, CD-ROM's, and any other form for the storage, retrieval and reproduction of information and images; furthermore, I hereby consent that such information and photographs, and the plates and/or tapes from which they are made shall be their property, and they have the right to duplicate and reproduce and make other uses of such information, photographs and plates as they may desire free and clear of any and all claims whatsoever on my part, or any of my heirs, assigns and successors, and I specifically authorize such use with complete knowledge and understanding of my rights to privacy and my waiver of said rights.

Are you related to anyone currently employed by Unity House? No Yes

If "Yes" - Name: _____

Relationship: _____

Signature of Student *(must be signed)*

Date

Print Name