

KA'IMILOA FOUNDATION
APPLICATION FOR TUITION ASSISTANCE FOR COMMUNITY COLLEGE
FOR OXFORD HOUSE RESIDENTS

NAME:

DATE OF BIRTH:

PHONE NO:

ADDRESS:

EMAIL ADDRESS:

NAME OF COMMUNITY COLLEGE:

HAVE YOU BEEN ACCEPTED INTO THIS COMMUNITY COLLEGE? YES/NO
SEMESTER FOR WHICH YOU ARE APPLYING FOR TUITION AID:

NAME OF OXFORD HOUSE OF RESIDENCE:

BEGINNING DATE OF CONTINUOUS OXFORD HOUSE RESIDENCE:

NAME OF YOUR OXFORD HOUSE PRESIDENT:

NAME OF YOUR CHAPTER PRESIDENT:

ARE YOU WILLING TO CONTINUE OXFORD HOUSE RESIDENCE WHILE RECEIVING
TUITION ASSISTANCE? YES/NO

SIGNATURE OF APPLICANT:

DATE:

TO BE FILLED OUT BY THE APPLICANT'S OXFORD HOUSE PRESIDENT:

DO YOU RECOMMEND THIS APPLICANT FOR TUITION ASSISTANCE? YES/NO

SIGNATURE:

DATE:

TO BE FILLED OUT BY THE APPLICANT'S OXFORD HOUSE CHAPTER PRESIDENT:

DO YOU RECOMMEND THIS APPLICANT FOR TUITION ASSISTANCE? YES/NO

SIGNATURE:

DATE: