

KA'IMILOA FOUNDATION
GENERAL APPLICATION FOR TUITION ASSISTANCE FOR COMMUNITY COLLEGE
OR OTHER COLLEGE CREDIT PROGRAM

NAME:

DATE OF BIRTH:

PHONE NO:

ADDRESS:

EMAIL ADDRESS OR BEST CONTACT INFO:

NAME OF COMMUNITY COLLEGE OR OTHER COLLEGE PROGRAM:

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

SIX MONTHS DRUG AND ALCOHOL FREE IS REQUIRED.

YOUR DRUG AND ALCOHOL FREE START DATE:

LIST NAME OF PROGRAM AND PERSON WHO CAN CONFIRM DRUG AND ALCOHOL
FREE FOR SIX MONTHS:

SIGNATURE OF APPLICANT:

DATE:

TO BE FILLED OUT BY THE APPLICANT'S CURRENT PROGRAM ADVISOR:
DO YOU RECOMMEND THIS APPLICANT FOR TUITION ASSISTANCE? YES/NO
SIGNATURE:

DATE: