

OFFICE OF MULTICULTURAL STUDENT SERVICES

Spring 2010 Scholarship Application

Eligibility:

For full consideration, applicants should be a Hawai'i resident and a full-time, classified UHM student during the semester for which the Office of Multicultural Student Services (formerly, Operation Manong) scholarship will be applied. **All awardees must volunteer at least two hours per week during the semester of the award in the Office of Multicultural Student Services' BIN-I program. Please do not submit an application if this volunteer requirement cannot be fulfilled.** All applicants must also have submitted the FAFSA for evaluation.

Although students may submit an application for any fall or spring semester during their enrollment at UHM, OMSS scholarship awards will be limited to two semesters for each student, regardless of undergraduate or graduate status (including partial awards). This provision is necessary because of the limited amount of funds allocated for scholarships that are awarded by OMSS each semester.

Instructions:

Following this cover sheet, the application consists of two (2) pages (plus an additional reference page for law and medical students only). To complete this application, 1) provide the requested information to the best of your knowledge, 2) respond to the two essay questions, 3) attach copies of your most current transcript *and* your **2009-2010 AWARD OFFER from UHM Financial Aid Services** (showing your financial aid award package, NOT your Student Aid Report), and 4) sign/date your application. If you previously enrolled in UHM courses, submit a copy of your transcripts showing your most recent 12 (for undergraduate applicants) or 9 (for graduate applicants) UHM credits.

Law and medical school students should give page 3 to a faculty member who knows your academic and non-academic work. **Only law and medical school applicants submit page 3.**

Evaluation and Award Process:

University policies limit the dollar amount of university-based scholarships to be awarded. Once applications are reviewed and ranked (separate rankings for undergraduate and graduate applicants), consideration will be made to balance the number of awards with their amount. Preference will be given to undergraduate applicants who have completed at least 12 UHM credits and graduate applicants who have completed at least 9 UHM credits in their graduate program.

Deadline:

Deadline for consideration for the Spring 2010 OMSS scholarship is Friday, 4:30 p.m., November 20, 2009. Completed applications and all supporting materials must be in the OMSS office (*not merely postmarked*) by the deadline. Award notifications will be sent out during the week of November 23, 2009. If you have any questions, please call our office at 956-7348. Send or deliver completed application and documents to the following address:

**OMSS SCHOLARSHIP
OFFICE OF MULTICULTURAL STUDENT SERVICES
2600 CAMPUS ROAD, QLCSS 309
HONOLULU, HAWAI'I 96822**

OFFICE OF MULTICULTURAL STUDENT SERVICES

Spring 2010 Scholarship Application

Date of Application: _____

Name: _____
(first) (m.i.) (last)

Address: _____ Residency: _____
(street)

(city) (zip code) Phone: _____
(home) (work/other)

E-mail: _____

STATUS: Freshman Sophomore Junior Senior
 Graduate Law Medicine

Major/Department: _____ Current GPA: _____

Expected Spring 2010 Credits: _____ Expected Graduation Date: _____

PARENT OR GUARDIAN EDUCATIONAL ATTAINMENT:

- NO parent/guardian has a baccalaureate degree
- ONE parent/guardian has a baccalaureate degree
- MORE THAN ONE parent/guardian has a baccalaureate degree
- Information not known

ATTACH THE FOLLOWING DOCUMENTS WITH THIS APPLICATION:

1. A copy of your most recent UHM transcript.
2. A copy of your 2009-2010 Financial Aid Award Offer indicating your fall and spring allotments.

The following information is used for informational and statistical purposes only and will not be used for evaluating applications.

Sex: Female Male

Race/Ethnicity (check all that apply):

- | | | | |
|---|------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Chinese | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Guamanian | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Laotian | <input type="checkbox"/> Native American | <input type="checkbox"/> Okinawan |
| <input type="checkbox"/> Portuguese | <input type="checkbox"/> Samoan | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other _____ |

Please respond to the following two (2) questions in the space provided. If you prefer to attach your responses, do not exceed one (1) page when answering *both* questions.

1. Describe your *most meaningful* extracurricular activities during the past three years.

2. Describe your career goals (include both short- and long-term goals).

My signature below indicates that all information in this application is factually correct and honestly presented and, if awarded a scholarship by Office of Multicultural Student Services, will complete the specified volunteer work during the semester of the award.

Signature: _____ Date: _____

OFFICE OF MULTICULTURAL STUDENT SERVICES
Spring 2010 Scholarship Application

REFERENCE FORM
(For Law and Medical School Applicants Only)

Name of Applicant: _____ Date: _____

I waive my right to review this reference form: Yes No

APPLICANT: Complete the information above and give the reference form to an instructor who knows your academic and nonacademic work well. Only ONE reference form is required. Ensure that your instructor submits this form directly to our office by the due date and time.

INSTRUCTOR: The student above is applying for an Office of Multicultural Student Services scholarship. In order to give each applicant a fair evaluation, please complete this reference form to the best of your knowledge and return to our office by Friday, 4:30 p.m., November 20, 2009. Send/fax/deliver to the following address:

OMSS Scholarship
Office of Multicultural Student Services
2600 Campus Road, QLCSS 309
Honolulu, Hawai'i 96822
FAX 956-4622

- | | LOW | | AVERAGE | | HIGH |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. How does the applicant's class performance compare with other students? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Compared with other students you have taught, how would you assess the applicant's potential as a law/medical professional? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. What are the strong assets of the applicant? | | | | | |
| 4. Is there anything else you can add on behalf of the applicant? | | | | | |

Instructor's Name (sign and print): _____

Date: _____ Phone: _____ E-mail: _____