



*Honoring the Sacrifices of Veterans*

## 2024-2025 KMO SCHOLARSHIP PROGRAM APPLICATION

Application Deadline: Email only by **April 15, 2024** (no exception)

(Type only. All requested information must be provided.)

APPLICANT INFORMATION	
(Must be enrolled or accepted as a full-time student for the 2024-2025 school year)	
Applicant Name (First, Middle & Last):	
Address:	Home Phone:
	Cell Phone:
	E-Mail:
School Attended Last Year & Dates:	
<b>HAWAI'I RESIDENCY and/or DAV HAWAII MEMBER AFFILIATION</b> Check if Hawai'i resident: <input type="checkbox"/> If you are a DAV Hawai'i member or affiliated with a DAV Hawai'i member, please provide below information.	
Name & Member No.:	Relationship:
Address:	Phone:
	Email:
COMMUNITY VOLUNTEER SERVICE INFORMATION	
Name of Program/Project:	
Location:	Volunteer Hours (last 12 months):
Name of Program/Project Contact:	
Contact's Information (Phone or E-Mail):	
SCHOOL INFORMATION	
Please indicate the University, College, or School that you will be attending full time. If approved, the scholarship grant will be issued to the institution you indicate below. Please complete all requested information. Thank you!	
Name of School:	Years Completed:
Student ID No.:	Major/Study Area:
School Financial Aid Office	
Address:	Contact Person:
	Position Title:
	Phone:
	E-Mail:
OTHER INFORMATION	
Dates & Amounts of Previous KMO Scholarship Assistance Received:	
CERTIFICATION	
I hereby certify that the information above and in my attached resume is true and correct, to the best of my knowledge, and that any scholarship grant awarded will be used for the express purpose of continuing my education. <b>COMPLETED APPLICATION FORM, PROOF OF RESIDENCY, RESUME, PROOF OF ENROLLMENT/ACCEPTANCE, TRANSCRIPT, LETTER OF RECOMMENDATION, ESSAYS AND BIO</b> must be submitted together by due date. Furthermore, I agree to allow KMO to use my bio/photo to further promote the KMO scholarship program and mission.	
Signature:	Date: