



*Honoring the Sacrifices of Veterans*

# 2025-2026 KMO SCHOLARSHIP PROGRAM APPLICATION

Application Deadline: Email only by **April 30, 2025** (no exception)

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

<b>APPLICANT INFORMATION</b> (Must be enrolled or accepted as a full-time student for the 2025-2026 school year)	
Applicant Name (First, Middle & Last):	
Address:	Home Phone:
	Cell Phone:
	E-Mail:
School Attended Last Year & Dates:	
<b>HAWAII RESIDENCY and/or DAV HAWAII MEMBER AFFILIATION</b> Check if Hawaii resident: <input type="checkbox"/> If you are a DAV Hawaii member or affiliated with a DAV Hawaii member, please provide below information.	
Name & Member No.:	Relationship:
Address:	Phone:
	Email:
<b>COMMUNITY VOLUNTEER SERVICE INFORMATION</b>	
Name of Program/Project:	
Location:	Volunteer Hours (last 12 months):
Name of Program/Project Contact:	
Contact's Information (Phone or E-Mail):	
<b>SCHOOL INFORMATION</b>	
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:
<b>School Financial Aid Office</b>	
Address:	Contact Person:
	Position Title:
	Phone:
	E-Mail:
<b>OTHER INFORMATION</b>	
Dates & Amounts of Previous KMO Scholarship Assistance Received:	
<b>CERTIFICATION</b>	
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: