



KAMEHAMEHA SCHOOLS

# Financial Aid and Scholarship Services

## 2008-2009 Pauahi Keiki Scholars Parent's Quarterly Report

Please submit to:  
Kamehameha Schools Applicant  
Services Center (KS ASC)  
567 S. King Street, Suite 102  
Honolulu, HI 96813  
Fax: (808) 523-6286

What period are you submitting this for?  
Aug/Sept/Oct - by November 7, 2008  
Nov/Dec/Jan - by February 7, 2009  
Feb/March/Apr - by May 7, 2009  
May/June/July - by August 7, 2009

**Student:** Last name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_

**Preschool:** Name \_\_\_\_\_

### 1. Attendance - Requirement: Maintain an attendance rate of 85% & have no unexcused absences of 3 or more consecutive days per period.

Did Student meet scholarship attendance requirements? Yes \_\_\_\_\_ No \_\_\_\_\_

Please provide dates of unexcused absences during the reporting period \_\_\_\_\_

### 2. Preschool Volunteer Work - Requirement: Parent or Legal Guardian to complete three (3) hours minimum per period.

Activity or Project	Date	Number of hours	If reporting for period other than noted above, please indicate period.
Total amount of volunteer hours this quarter:			

Preschool authorized signature: \_\_\_\_\_ Date \_\_\_\_\_

### 3. Community Service - Requirement: Parent or Legal Guardian to complete eight (8) hours per school year.

Activity or Project	Date	Number of hours	Name of Organization
Total number of hours:			

Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 4. Parent Workshop - Requirement: Parent or Legal Guardian to complete one (1) hour per school year.

Name/Description of workshop \_\_\_\_\_ Date \_\_\_\_\_

Location \_\_\_\_\_ Total hours \_\_\_\_\_

Note: Hours of Parent workshop attendance may be used toward the Community Service (CS) requirement. Please check here  if you would like KS to apply these hours to the CS requirement.

### Parent Certification and Authorization

I certify that the information provided herein is complete and correct to the best of my knowledge. If I provide false or misleading information, Kamehameha Schools reserves the right to reconsider the scholarship award provided for my child.

Signature of Parent, or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_