



KAMEHAMEHA SCHOOLS

State of Hawai'i Residency Form
Academic Year 2008-2009
Post-High Scholarship Program

Program: [ ] Na Ho`okama [ ] `Imi Na`auao

Name: \_\_\_\_\_
Last First MI

Mailing Address Line 1: \_\_\_\_\_

Mailing Address Line 2: \_\_\_\_\_

Mailing Address Line 3: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Home phone: \_\_\_\_\_ Cellular phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email 1: \_\_\_\_\_ Email 2: \_\_\_\_\_

If any of the questions below are not applicable, indicate "N/A". Do not leave blank.

- What basis do you claim residency: [ ] Myself - I am 19 years old or older
[ ] Spouse - I am married
[ ] Parent - I am under 19 years old and not married

Table with 2 columns: Myself (Applicant) and My Parent/Spouse. Rows include: 1. Living in Hawai'i continuously since; 2. Filed Resident Income Tax Return in the state of; 3. Registered to vote in the state of; 4. Last voted in the state of.

*Myself (Applicant)*

*My Parent/Spouse*

5. Claims legal residency in the state of:

\_\_\_\_\_

\_\_\_\_\_

From:

\_\_\_\_\_ to \_\_\_\_\_  
yr yr

\_\_\_\_\_ to \_\_\_\_\_  
yr yr

6. List other evidence of residency in Hawai'i \_\_\_\_\_  
*(Acceptable documents may include recent residential utility bills/invoice, military certificate of release or discharge)*

7. Name of last post-secondary institution attended: \_\_\_\_\_ State: \_\_\_\_\_  
*(Please attach documentation verifying attendance, i.e. tuition bill statement, proof of registration etc.)*

List Term: \_\_\_\_\_ Year: \_\_\_\_\_ Tuition paid:  Resident  WUE  
 Non-resident  Other: \_\_\_\_\_  
 Public Institution  Private Institution

**Student/Spouse/Parent Certification and Authorization**

The above information is true and correct. I understand the application process will be terminated or my application will be disqualified by Kamehameha Schools Financial Aid and Scholarship Services if any information that I have given in this application or to any third party as part of the qualifying process is false or misleading or if I have failed to provide timely information requested regardless of the time elapsed after discovery. I shall be subject to termination of funds and repayment of funds, including reasonable attorney's fees incurred to collect such refund. I understand that this application and all required documents, including documents provided to a third party as part of the application process, shall become the property of Kamehameha Schools and that forms and/or documents will not be returned. I understand that financial aid and scholarships are subject to availability of funds.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Parent/Spouse*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Relationship to applicant*

*Signature of Parent required if student is under 19 years old or have been claimed as a dependent for tax purposes.*