



Aloha,

Mahalo for your interest in the Kamehameha Schools' 2024-2025 College Scholarships Program. After reviewing your application, we determined that you are a dependent student. Therefore, the following additional information and documentation are required before we can consider your application to be complete.

If parent(s) filed taxes, submit the following to [IDOC](#):

- **A copy of your parent(s)' 2022 Federal Income Tax Return (Form 1040)**
- **All 2022 W-2 Form(s) from employers**
- **If applicable, also submit:**
 - Schedules 1, 3, A, B, C, D, E and F
 - Form(s) 1099 (e.g. SSA-1099, 1099-R, etc.)
 - Amended Federal Tax Return (1040-X)

If parent(s) did not file taxes, please submit the attached form. Be sure to complete this form using a desktop or laptop computer; do not use a mobile device. Upload the completed form to [KS Net Partner Student Portal](#):

- **Parent/Step-Parent Form**

If we do not receive the required documents, your application will be considered incomplete and will not be processed. If you have any questions or require assistance in completing this questionnaire, please feel free to call us at (808) 534-8080 or toll-free at 1-800-842-4682, and press 3.

Financial Aid and Scholarship Services
Kamehameha Schools

PARENT/STEP-PARENT



Applicant Last Name _____ Applicant First Name _____

Parent(s) Information	
Parent 1	
Name (First and Last)	
Parent(s) state of legal residence	
Parent's relationship to the applicant	
Phone number	
E-mail address	
Date of Birth (MM/DD/YYYY)	
Occupation	
<input type="checkbox"/> Completed (Submit Form 1040) <input type="checkbox"/> If you were not required to file in 2022, please check box below: For non-tax filers only <input type="checkbox"/> I certify that I did not and was not required to file a 2022 U.S. Federal tax return. If requested, I will submit an IRS Verification of Non-filing Letter.	

Parent 2	
Name (First and Last)	
Parent(s) state of legal residence	
Parent's relationship to the applicant	
Phone number	
E-mail address	
Date of Birth (MM/DD/YYYY)	
Occupation	
<input type="checkbox"/> Completed (Submit Form 1040) <input type="checkbox"/> If you were not required to file in 2022 please check box below: For non-tax filers only <input type="checkbox"/> I certify that I did not and was not required to file a 2022 U.S. Federal tax return. If requested, I will submit an IRS Verification of Non-filing Letter.	
Parents' marital status	<input type="checkbox"/> Never Married <input type="checkbox"/> Married or remarried <input type="checkbox"/> Divorced or separated <input type="checkbox"/> Widowed <input type="checkbox"/> Unmarried and both parents living together



Applicant Last Name _____ Applicant First Name _____

2022 Income and/or Benefits (Parents)			
Did parent(s) receive any of these income and/or benefits in 2022?			Response
• Medicaid or Supplemental Security Income (SSI) Benefits			<input type="checkbox"/> Yes <input type="checkbox"/> No
• Supplemental Nutrition Assistance Program (SNAP)			<input type="checkbox"/> Yes <input type="checkbox"/> No
• Free or Reduced-Price School Lunch			<input type="checkbox"/> Yes <input type="checkbox"/> No
• Temporary Assistance for Needy Families (TANF)			<input type="checkbox"/> Yes <input type="checkbox"/> No
• Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)			<input type="checkbox"/> Yes <input type="checkbox"/> No
• Section 8 Housing			<input type="checkbox"/> Yes <input type="checkbox"/> No
• Ward of the Court/Foster Youth Financial (e.g. DHS Higher Education Program)			<input type="checkbox"/> Yes <input type="checkbox"/> No
• Veteran's Benefits: Educational			<input type="checkbox"/> Yes <input type="checkbox"/> No
• Scholarships, Federal Grants/Loans (Winter 2022, Spring 22, Summer 22, Fall 22)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Income/Support Received From	Annual Total – 2022	Income/Support Received From	Annual Total – 2022
Alimony		Social Security benefits (including children)	
Cash received from family, friends and/or others or any money paid on your behalf		Unemployment benefits	
Child support		Veteran's Non- Educational benefits: (Disability, Death Pension, Dependency and Indemnity Compensation)	
Disability benefits (including children)		Wages (from employer, cash for labor/services)	
Living and housing allowances provided by employer (military, COLA, clergy, etc.)		Worker's compensation	
Pension/IRA/Retirement benefits (Distributions only)		Other income, please specify:	

Current Assets (Parents)		
Asset Type	Current Market Value	Current Debt
Cash, savings, and checking accounts (as of today)		
Assets held in student's sibling's name (ages <19 & not in college)		
Investments (stocks, CDs, trust funds, money market funds, mutual funds, bonds, etc.)		
Business		
Farm		
Other Real Estate		



Applicant Last Name _____ Applicant First Name _____

2022 Additional Financial Information (Parents)	
Expense Type	Annual Total Paid in 2022
Child Support Paid	

Family Member Listing (Include: parent/step-parent and all dependent children)
 Please include everyone who lives in your household and receives more than half of their support from your parent(s).
 If more space is needed, use Explanation/Special Circumstances section below

Full Name	Relationship to Applicant	Age	Name of School (2023-2024)	Grade Level or year in school (2024-2025)	Will attend college at least part-time? Yes or no

Explanation/Special Circumstances
 Use this space to explain any unusual expenses such as loss of employment, loss of one-time income, high medical/dental expenses or special circumstances. Also give information for any outside scholarships you have been awarded. If more space is needed, use sheets of paper and submit them with this form.



Applicant Last Name _____ Applicant First Name _____

CERTIFICATION
Please read carefully and sign below.

I/We hereby certify that the above statements are true to the best of my/our knowledge and agree to furnish proof and other documentation as requested. I/We acknowledge that failure to disclose any requested information, or providing inaccurate, incomplete and/or false or misleading information, may result in my or my/our child's disqualification.

Father's/Step-Father's Signature

Date

Mother's/Step-Mother's Signature

Date

COMPLETE AND UPLOAD THIS FORM TO [KS Net Partner - Student Portal](#)

KS Oahu Resource Center

567 South King Street, Suite 102 | Honolulu, HI 96813

e-mail. KScollegeScholarships@ksbe.edu

tel. (808) 534-8080 or 1-800-842-4682, press 3

fax: (808) 523-6286