

The TRIMBLE FOUNDATION



Hawaii Association for Family and Community Education

Revised 09/19

APPLICATION FOR INDIVIDUAL

Name			
Address			
City	, Hawaii	Zip	
TelephoneE	-Mail		
Number of years as a resident of Hav	waii		
Name of Institution you wish to attend	d		
Major area of study		Full time	Part time
Personal Statement: On a separate the following questions: • What are your reasons for atte • Why did you choose your coul • What career goals do you hav • How will this scholarship help circumstances. • How will your plans benefit Ha	ending college? rse of study? re? you to attain your goa	als? Please des	
Amount requesting (n	nust be filled in)		
Will you be receiving other funding?	(circle one)	Yes No	
If Yes, from whom		How much	?
I certify the above information is corre	ect to the best of my l	knowledge.	
Signature		Date	
NOTE: ALL SCHOLARSHIP RI THETRIMBLE FOUND			
Please mail this application with you	r required forms to:	The Trimble F P O Box 7066 Hilo, HI 9672	3
Must be postmarked by July 31.			