

# Kapa'a High School Foundation 2017 Grant Application

Applicant

Full Name: Last, First, M.I. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent or Guardian

Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Applicants must include with this application:

1. Copy of High School Transcript
2. One letter of recommendation focused on applicant's community service.
3. A legible one page personal essay written by applicant on how this grant will further your plans and goals.

I hereby declare that I have read all statements on the application form and that to the best of my knowledge and belief, they are correct and complete. I understand that if I become a recipient of this grant, I will make myself available and/or provide photos for publicity purposes.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applications must be sent to: Michelle Domingcil  
Kapa'a High School Foundation  
1622 Kuahale St.  
Kapaa, HI 96746

**Deadline for application to be received or postmarked is Friday, April 14, 2017  
No Exceptions!**