NATIVE HAWAIIAN SUMMER SCHOOL ASSISTANCE PROGRAM INFORMATIONAL FLYER

- NHSSAP Collaboration between ALU LIKE, Inc. & Kamehameha Schools.
- Tuition assistance for 1300 students, K-12, attending Department of Education Summer Schools. (Students provided Tuition Voucher in lieu of payment.) (Summer School provides list of registered students approved by Program and submits single invoice to ALU LIKE, Inc.)
- Documented financial need requirement.
- Preference to students of Hawaiian ancestry.
- Student/Parent involvement (workshops).
- Open enrollment begins March 1, 2005
 (Application must be postmarked by May 7, 2005)
 (Application will not be processed until it is complete and with required documents)
- Documentation of student attendance & performance required.

Further information and application forms are available at the following sites & at DOE Schools:

ALU LIKE, Inc. – O`ahu Office ATTN: Nanea Sai, ETM 458 Keawe Street Honolulu, Hawai`i 96813-5125 Phone No.: (808) 535-6750

ALU LIKE, Inc. – Hawai`i Office ATTN: Carla Kurokawa, ETM 32 Kino`ole Street, Suite 102 Hilo, Hawai`i 96720 Phone No.: (808) 961-2625 ALU LIKE, Inc. – Kaua`i Office ATTN: Remi Meints, ETM 2970 Haleko Rd., Suite 205 Līhu`e, Hawai`i 96766 Phone No.: (808) 245-8545

ALU LIKE, Inc. – Maui Office ATTN: Marlene Burgess, ETM 1977 Kā`ohu Street Wailuku, Hawai`i 96793 Phone No.: (808) 242-9774 ALU LIKE, Inc. – Molokai Office

ATTN: Ruth Poaipuni, ETM Kulana `Oiwi Multi Cultural Center Maunaloa Hwy., Kalama`ula Bldg. D Kaunakakai, Hawai`i 96748 Phone No.: (808) 553-5393

ALU LIKE, Inc., is a private, non-profit, community-based organization whose mission is to "kokua Hawaiian natives who are committed to achieving their potential for their families, their communities and themselves."

NATIVE HAWAIIAN SUMMER SCHOOL ASSISTANCE PROGRAM CHECK LIST

□ K-8 □ 9-12

STUDENT'S SOCIAL SECURITY NUMBER	STUDENT'S NAME (LAST, FIRST & M.I.)	STUDENT 'S AGE	

In order to process your application, the following items will be needed to verify eligibility:

- □ 1. <u>One</u> of the following indicating Hawaiian ancestry:
 - □ Kamehameha Schools Ho`oulu Hawaiian Data Center Certification or Letter
 - □ Birth Certificate (student & parents)
 - □ OHA Registry Card
 - □ Kama`āina Witness Statement
- □ 2. Copy of student's Social Security Card
- \Box 3. <u>One</u> of the following documents to verify income:
 - □ Verification of public assistance (TANF and Food Stamps), if applicable.
 - Verification of student's participation in the USDA Free & Reduced-Priced Meals Program (copy of letter from school acknowledging acceptance in program), if applicable.
 - □ Copy of completed federal tax return and/or W-2 forms.
- □ 4. Verification of Foster Care through certificates or letters, if applicable.

NOTE: Application will not be processed until it is complete and with required documents.

To avoid **your** having to pre-pay tuition, please send your completed application as soon as possible in order to receive the Summer School Tuition Voucher.

Deadline for application submittal: May 7, 2005

Mail applications to the following address: NATIVE HAWAIIAN SUMMER SCHOOL ASSISTANCE PROGRAM ATTN: Denise Robello, E&T Administrative Assistant ALU LIKE, Inc. 458 Keawe Street Honolulu, Hawai`i 96813

NATIVE HAWAIIAN SUMMER SCHOOL ASSISTANCE PROGRAM

□ K-8 □ 9-12

STUDENT APPLICANT INFORMATION										
SOCIAL SECURITY NUMBER	R NAME (LAST, FIRST	& M.I.)							
MAILING ADDRESS					CITY ST.			TE ZIP CODE		
							HI			
SEX	DATE OF BI	ATE OF BIRTH AGE H			TELEPHONE	MESSAGE TELEPHONE				
9 Male 9 Female										
ETHNICITY										
CURRENT GRADE OF STUDENT: LAST SCHOOL ATTENDED DURING 2004-2005 SCHOOL					AR:					
DOE SUMMER SCHOOL YOU PLAN ON ATTENDING:				CO	COURSES YOU ARE REGISTERING FOR:					
				1.		2.				
		PAREI	NT OR GUAI	RDIAN	INFORMATION					
PARENT 1 NAME (LAST, FIRST & M.I.)				PA	PARENT 2 NAME (LAST, FIRST & M.I.)					
HOME ADDRESS				но	HOME ADDRESS					
OCCUPATION				oc	OCCUPATION					
EMPLOYED BY	MPLOYED BY YEARS WITH FIRM				EMPLOYED BY YEARS WITH FIRM					
9 PART TIME					9 PART TIME					
9 FULL TIME				9 FULL TIME						
		PAR	RENTS' INCO	OME V	ERIFICATION					
1. Gross Income						\$	\$			
2. Untaxed income and benefits (Child support, AFDC, ADC, SSI, etc.)						\$	\$			
 Total number of family members (If you are a dependent, your parent's family members, including you.) 					rs,					
□ I am not required to file taxes										
			CERTI	FICAT	ION					
I (we) certify that all the the Native Hawaiian Su given on this form. I (w to comply with a reques	mmer Schoo e) realize tha	ol Tuition A at this proc	Assistance p of may inclu	orogra ide a c	m, I (we) agree to giv copy of a Federal tax	/e docu return.	imentatio I (we) re	on for ealize	information that failure	
Applicant Signati	ure	- <u> </u>	ite		Parent/Guardian Signature				Date	

NOTE: Notification of Awards will be as soon as we can verify your documentation. Incomplete or late applications and documents will not be accepted or processed.