ALU LIKE, Inc.
DEPARTMENT OF EMPLOYMENT & TRAINING
NATIVE HAWAIIAN SUMMER SCHOOL ASSISTANCE PROGRAM (NHSSAP)
APPLICATION FORM

☐ **K-8** ☐ **9-12**

STUDENT APPLICANT INFORMATION

SOCIAL SECURITY NUMBER	NAME (LAST, FIRST & M.I.)		
MAILING ADDRESS	**CITY**	**STATE**	**ZIP CODE**
		HI	
EMAIL ADDRESS	**HOME TELEPHONE**	**CELL TELEPHONE**	
SEX ☐ Male ☐ Female	**DATE OF BIRTH**	**AGE**	**ETHNICITY**
CURRENT GRADE LEVEL OF STUDENT:	**LAST SCHOOL ATTENDED DURING 2010 – 2011 SCHOOL YEAR:**		
DOE / PRIVATE SUMMER SCHOOL YOU PLAN ON ATTENDING:	**COURSES YOU ARE REGISTERING FOR:** 1. 2.		

PARENT OR GUARDIAN INFORMATION

PARENT 1 NAME (LAST, FIRST & M.i.)		PARENT 2 NAME (LAST, FIRST & M.I.)	
HOME ADDRESS		**HOME ADDRESS**	
EMAIL ADDRESS		**EMAIL ADDRESS**	
OCCUPATION		**OCCUPATION**	
EMPLOYED BY ☐ PART TIME ☐ FULL TIME	**YEARS WITH FIRM**	**EMPLOYED BY** ☐ PART TIME ☐ FULL TIME	**YEARS WITH FIRM**

FAMILY VERIFICATION

1. Total number of family members (If you are a dependent, note your parent's family members, including you.)	
2. ☐ I am not required to file taxes	
3. Is this a single-parent household?	
4. Do you have children 2-4 years old? If yes, how many?	
5. Are you receiving Kamehameha Schools (KS) funding for Academic Year 2010-2011? If yes, please provide copy of award notification.	

CERTIFICATION

I (we) certify that all the information on this form is true and complete to the best of my (our) knowledge. If asked by the Native Hawaiian Summer School Assistance Program, I (we) agree to provide documentation for information given on this form. I (we) realize that this proof may include a copy of a Federal tax return. I (we) realize that failure to comply with a request for further information may prevent the applicant from being considered for assistance.

Applicant Signature	Date	Parent/Guardian Signature	Date

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

2/2011