



ALU LIKE, Inc.

Native Hawaiian Summer School Assistance Program

*E alu like mai kākou, e nā 'ōiwi o Hawai'i
Let Us Work Together, Natives of Hawai'i*

**Instructions to Summer School
For Invoice and Grades & Attendance Forms**

Invoice (Submitted 2 days after school starts)

Please include the following on your invoice:

1. School Name and Address
2. Remittance - Name and Address
3. Date - Current Date (DO NOT BACK DATE)
4. Invoice Number (Number chosen by the school for tracking purposes)
5. Student(s) - Last and First Name(s)
6. ALU LIKE, Inc.'s Native Hawaiian Summer School Assistance Program Voucher Number
7. Course
8. Tuition Amount - (NOT TO EXCEED AMOUNT SHOWN ON VOUCHER)
9. Total Invoice Amount Due to School
10. Signature of School Representative
11. Printed Name and Title of School Representative
12. Email Address of School Representative
13. Telephone Number of School Representative

**Multiple invoices may be submitted if needed.
Invoices must be submitted BEFORE JULY 21, 2021**

Grades & Attendance

The submission of grades and attendance for all students is required by our funder

Please include the following on your grades and attendance form:

1. School Name and Address
2. Date - Current Date
3. Total number of summer school days offered
4. Student(s) - Last and First Name(s)
5. ALU LIKE, Inc.'s Voucher Number
6. Course
7. Summer School GRADE (**NOTE: If grades are not given, please indicate it on this form**)
8. Total number of days ABSENT
9. Signature of School Representative
10. Printed Name and Title of School Representative
11. E-mail Address of School Representative
12. Telephone Number of School Representative

Failure to adhere to the above may result in discontinuation of financial assistance through the program.

**Summer School Grades and Attendance
Must be submitted BEFORE JULY 23, 2021**

You may use the attached forms or you may use one of your own.

The ALU LIKE, Inc. forms attached can be downloaded from our website: www.alulike.org/nhssap

INVOICE

BILL TO:
 ALU LIKE, Inc.
 Native Hawaiian Summer School Assistance Program
 2969 Mapunapuna Place, Suite 200
 Honolulu, Hawaii 96819

1 SCHOOL NAME: _____

2 MAKE CHECK PAYABLE TO: Enter your school's name and check payable information in the space provided

DATE: Insert current date **3**

4 INVOICE NO.: Insert your control invoice number

SUMMER SCHOOL COST for the following STUDENT(s):		Voucher No	Course	Tuition Amount
Last Name	First Name			
Kai	Moana	135	English II	190.00
Lei	Ana	147	Algebra II	190.00
5		6	7	8
You may submit more than one invoice if needed		SAMPLE		Submit invoice 2 days after the start of Summer School
				9
			TOTAL INVOICE AMOUNT DUE TO SCHOOL	\$ 380.00

10 _____
 School Representative - Signature

12 _____
 Phone No.

11 _____
 Print Name and Title

13 _____
 Email

GRADE(S) & ATTENDANCE

SUBMIT TO:
 ALU LIKE, Inc.
 Native Hawaiian Summer School Assistance Program
 2969 Mapunapuna Place, Suite 200
 Honolulu, Hawai'i 96819

1 SCHOOL NAME: _____
 ADDRESS: **Enter your school's name and address in the space provided**

DATE: Insert current date **2**

Total School Days
20

Last Name	First Name	Voucher #	Course	Grade	Days Absent
Kai	Moana	135	English II	A	0
Lei	Ana	147	Algebra II	A	1
4		5	6	7	8
Completion of this form is a requirement of our funder			Complete ALL columns SUBMIT NO LATER THAN JULY 23, 2021		
SAMPLE					

9 _____
 School Representative - Signature

11 _____
 Phone No.

10 _____
 Print Name and Title

12 _____
 Email

If grades are not given, please indicate it on this form.

INVOICE

BILL TO:
 ALU LIKE, Inc.
 Native Hawaiian Summer School Assistance Program
 2969 Mapunapuna Place, Suite 200
 Honolulu, Hawai'i 96819

SCHOOL NAME: _____

MAKE CHECK PAYABLE TO: _____

DATE: _____

INVOICE NO.: _____

SUMMER SCHOOL COST for the following STUDENT(s):		Voucher #	Course	Tuition Amount
Last Name	First Name			
TOTAL INVOICE AMOUNT DUE TO SCHOOL				\$

 School Representative - Signature Phone No. _____

 Print Name and Title Email _____

GRADE(S) & ATTENDANCE

SUBMIT TO:
ALU LIKE, Inc.
Native Hawaiian Summer School Assistance Program
2969 Mapunapuna Place, Suite 200
Honolulu, Hawai'i 96819

SCHOOL NAME: _____
ADDRESS: _____

DATE: _____

Total School Days

Last Name	First Name	Voucher #	Course	Grade	Days Absent

If grades are not given, please indicate it on this form.

School Representative - Signature

Phone No.

Print Name and Title

Email