



**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 for Summer School  
For Invoice and Grades & Attendance Forms**

**Please submit by email to [nhssap@alulike.org](mailto:nhssap@alulike.org) to expedite this process.**

**Invoice (Begin submitting 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. Printed Name and Title of School Representative
11. Email Address of School Representative
12. Telephone Number of School Representative

**Multiple invoices may be submitted if needed. Invoices must be submitted BEFORE JULY 19, 2024**

**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. Printed Name and Title of School Representative
10. E-mail Address of School Representative
11. Telephone Number of School Representative

**Summer school grades and attendance must be submitted BEFORE JULY 19, 2024**

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](http://www.alulike.org/nhssap)

# INVOICE

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

2

1

SCHOOL NAME: \_\_\_\_\_

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

DATE: Insert current date 3

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
<span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">5</span>		<span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">6</span>	<span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">7</span>	<span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">8</span>
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">                     You may submit more than one invoice if needed                 </div>		SAMPLE		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">                     Submit invoice 2 days after the start of Summer School                 </div>
				<span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px;">9</span>
<b>TOTAL INVOICE AMOUNT DUE TO SCHOOL</b>				\$ <b>380.00</b>

10 \_\_\_\_\_ 12 \_\_\_\_\_  
 Print Name and Title Phone No.

11 \_\_\_\_\_  
 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

3

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
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 5px; background-color: #e0f0ff; width: 25%;">           Completion of this form is a requirement of our funder         </div> <div style="font-size: 4em; opacity: 0.5; font-weight: normal;">SAMPLE</div> <div style="border: 1px solid black; padding: 5px; background-color: #e0f0ff; width: 25%;">           Complete ALL columns SUBMIT NO LATER THAN JULY 19, 2024         </div> </div>					

9

---

Print Name and Title

11

---

Phone No.

10

---

Email

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



