



# ALU LIKE, Inc.

## Intermediate/Middle School Credit Recovery Assistance Program 2018-2019 **DEADLINE: Ongoing through May 31, 2019 and based on available funding**

ALU LIKE, Inc. Native Hawaiian Summer School Assistance Program is pleased to announce that financial assistance is now available for Native Hawaiian students 13 years and younger seeking to complete a credit recovery course. Students that were unable to complete recovery credits during summer school have another opportunity to succeed.

### SUBMISSION CHECKLIST

*Failure to submit ALL required documents will cause your application to be considered incomplete.*

- 1. Credit Recovery Program Submission Checklist
- 2. Credit Recovery Program Application Form
- 3. Credit Recovery Program Supplemental Evaluation Questions
- 4. Credit Recovery Program Consent to Release Information Form
- 5. Copy of student's Birth Certificate - Official State or Department of Health  
If student's birth certificate DOES NOT indicate Hawaiian ancestry, also provide ONE of the following:
  - Copy of Kamehameha Schools Ho'oulu Hawaiian Data Center Certification or Letter
  - Copy of birth certificate of parent showing Hawaiian ancestry
  - Copy of OHA Registry Card
- 6. If necessary: Foster, Guardianship, Power of Attorney (POA) or Court Documents
- 7. Copy of **ONE** of the following documents to verify income:
  - Verification of public assistance (TANF and Food Stamps)
  - Most recent federal tax return. IRS Form 1040 pages 1 & 2 as well as listing of additional dependents (if applicable)  
If married and filing separately, please provide both.
  - Verification of Foster Care through certificates or letters
  - Verification of Section 8 Housing

**WE WILL NO LONGER ACCEPT USDA FREE & REDUCED-PRICED MEALS PROGRAM AS VERIFICATION**

- 8. Copy of student's school application for credit recovery

Copies ONLY --No Originals. Submitted documents become the property of ALU LIKE, Inc.

A limited number of awards are available. Awards will be made on a First Come, First Served basis, so early application submittal is strongly recommended. Applications will be accepted ongoing throughout the academic year and based on available funding.

For assistance, please contact  
**NHSSAP@alulike.org** or call **808 535-6700**

Mail or hand deliver completed application and required documents to:

**ALU LIKE, Inc.**  
**Native Hawaiian Summer School Assistance Program (NHSSAP)**  
**2969 Māpunapuna Place, Suite 200**  
**Honolulu, Hawai'i 96819**

Hand delivered applications must be submitted during normal business hours (8:00 AM - 4:30 PM Mon.-Fri.)

**Our office is CLOSED on Federal & State Holidays**

Documents submitted separately may delay the eligibility process.

Mailed applications with inadequate postage will be returned to sender.

Incomplete applications and/or those with missing support documents will not be considered for funding.

E-mail or fax applications will not be accepted.



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## Intermediate/Middle School Credit Recovery Assistance Program 2018-2019

### Application Form

STUDENT APPLICANT INFORMATION			
STUDENT NAME <i>(Last, First &amp; M.I.)</i>			
MAILING ADDRESS		CITY	STATE ZIP CODE
HOME PHONE	CELL PHONE <i>(Optional)</i>	SEX <input type="checkbox"/> Female <input type="checkbox"/> Male	
DATE OF BIRTH <i>(mm/dd/yyyy)</i>	AGE	GRADE OF STUDENT:	CURRENT SCHOOL STUDENT ATTENDS:
NAME OF CREDIT RECOVERY PROGRAM (KEYSTONE, PLATO, ETC.):		NAME OF CREDIT RECOVERY COURSE:	

PARENT OR GUARDIAN INFORMATION			
PARENT 1 NAME <i>(Last, First &amp; M.I.)</i>		PARENT 2 NAME <i>(Last, First &amp; M.I.)</i>	
DATE OF BIRTH <i>(mm/dd/yyyy)</i>	SEX <input type="checkbox"/> Female <input type="checkbox"/> Male	DATE OF BIRTH <i>(mm/dd/yyyy)</i>	SEX <input type="checkbox"/> Female <input type="checkbox"/> Male
HOME ADDRESS		HOME ADDRESS	
CITY	ZIP CODE	CITY	ZIP CODE
EMAIL ADDRESS	PHONE NUMBER	EMAIL ADDRESS	PHONE NUMBER

FAMILY VERIFICATION	
1. Family size: Total number of immediate family members including student: _____	
2. Is this a single-parent household?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Do you have children 2-4 years old?	<input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, how many? _____
4. Is the student applicant or an immediate family member currently attending Kamehameha Schools AND receiving financial assistance for academic year?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Has the student applicant registered to attend summer school at Kamehameha Schools?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Students / families are encouraged to provide service to the Hawaiian community as part of the application criteria. Briefly explain how you would like to provide community service.	

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.	
I (we) understand that my (our) application and all supporting documents must be mailed or delivered to ALU LIKE, Inc. in Honolulu ONLY: 2969 Māpuapuna Place, Suite 200 Honolulu, Hawai'i 96819 and that my (our) "place in line" is determined by the date my (our) application is postmarked or, if hand-delivered, the date it is received in the Honolulu office.	
SIGNATURE OF PARENT/GUARDIAN (FOR MINORS) OR ADULT STUDENT _____	Date _____

**NOTE: Incomplete application and/or those with missing supporting documents will not be considered for funding. No faxed or e-mailed forms will be accepted.**



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## Intermediate/Middle School Credit Recovery Assistance Program 2018-2019 Supplemental Evaluation Questions

**Instructions:** Please answer the following questions to the best of your ability. The information provided will be used for evaluation purposes only. Answers provided will not have a determining factor on your eligibility for assistance.

Questions 1-8 should be answered for ALL applicants		
1.	Is the student receiving at least a "C" average or DP (Developing Proficiency) for English/ Language Arts/Literacy coursework?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.	Is the student receiving at least a "C" average or DP (Developing Proficiency) for Math/ Arithmetic coursework?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.	Is the student receiving at least a "C" average or DP (Developing Proficiency) for Science coursework?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4.	Would the student be able to attend a credit recovery course without our assistance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5.	Does the student need to recover more than one credit?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6.	Is this the first course in Intermediate/Middle School the student needs to recover?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7.	Did a school counselor/teacher contact you regarding your child's progress in school?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8.	Did you initiate contact with your child's school regarding their progress?	<input type="checkbox"/> YES <input type="checkbox"/> NO



# ALU LIKE, Inc.

## Intermediate/Middle School Credit Recovery Assistance Program 2018-2019 Consent to Release Information Form

### CONSENT TO RELEASE INFORMATION

I, \_\_\_\_\_, hereby authorize ALU LIKE, Inc. to release my/my minor child's participant data to the Kamehameha Schools (KS). The information to be released will consist of data collected on my/my minor child's participation in an ALU LIKE, Inc. program funded by the Kamehameha Schools (KS). I understand the information is needed so that Kamehameha Schools (KS) can perform reasonable surveys and studies and utilize other evaluation tools necessary to evaluate the Program.

### FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974

In accordance and compliance with the Family Educational Rights and Privacy Act of 1974, your child's academic records and information cannot be disclosed without your written consent to do so. By completing this form, you are authorizing ALULIKE, Inc. to obtain your child's academic information from his/her educational institution:

I, the Parent/Legal Guardian, do hereby authorize any and/or all education institutions that my child has attended or will attend to release his/her academic records to ALU LIKE, Inc.

I, understand that ALU LIKE, Inc. will use my child's academic information to include by not limited to program verification, attendance verification, and tuition assistance.

I, also understand that ALULIKE, Inc. will not discuss my child's academic information to anyone unless I instruct otherwise and that my child's information will remain strictly confidential.

\_\_\_\_\_  
PRINT NAME OF STUDENT APPLICANT

\_\_\_\_\_  
STUDENT'S DATE OF BIRTH (mm/dd/yyyy)

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN (FOR MINORS) OR ADULT STUDENT

\_\_\_\_\_  
DATE