



**PAIPAI SCHOLARSHIP**  
**Office of Hawaiian Affairs Vocational Education Scholarship Program**  
*Administered by the Native Hawaiian Education Association*

The Office of Hawaiian Affairs Vocational Education Scholarship assists Native Hawaiians in pursuing career and vocational upgrades and/or in developing workforce skills to achieve employment. The program was established in accordance with OHA's Education Goal to assure Native Hawaiians access to all educational opportunities. Program funds are administered through the Native Hawaiian Education Association.

***Scholarship Terms***

Eligible recipients will receive funds to be used toward tuition, books, fees, and/or supplies. Scholarship checks will be mailed directly to the institution of the vocational program and will be disbursed upon verification of enrollment and demonstration of good standing.

***Eligibility Requirements***

Recipients must demonstrate:

- Hawaiian ancestry
- Hawaii residency, or U.S. residency
- Financial need, as determined by federal income level guidelines
- Personal willingness and determination to complete course of study.

***Award Guidelines***

Applicants who meet all eligibility criteria and application requirements **may** qualify for a scholarship award of up to 100% of the cost of their tuition, books, fees, and/or supplies.

Preference will be given to non-traditional students who are single parents, disabled (by ADA definition), houseless, sole income providers, or wards of the court; who were previously incarcerated; or who are currently incarcerated with no more than two years remaining on sentence.

Students may receive a Vocational Education Scholarship one time only. No renewals will be given. Applicants who become ineligible before the award is made must reapply and are not guaranteed funding.

***Application Requirements***

Applicants must submit the following documents:

1. Application form for the OHA Vocational Education Scholarship Program
2. A valid copy of applicant's Office of Hawaiian Affairs Registry Card (*If you do not have an OHA Registry Card, please visit [oha.org](http://oha.org) and go to programs tab or visit your OHA office on your island.*)
3. A document listing expenses for your program of study, such as a balance sheet, a financial statement, or a letter from training/educational program

***DEADLINE***

Ongoing – Funds are limited. Awards will be made until all funds are disbursed. Please visit [nhea.net](http://nhea.net) for any updates.

***Questions?*** Email Contact: [paipaikala@gmail.com](mailto:paipaikala@gmail.com) or Phone Contact: Judy Oliveira at 808-861-9720 (O'ahu) or Christine Quintana at 808-854-3128 (Hawai'i island). Long distance fees may incur if you are calling from a neighbor island or outside the state of Hawai'i.

**Mail completed application and copy of OHA Hawaiian Registry Card to:**  
**Native Hawaiian Education Association**  
**ATTN: OHA-Paipai Scholarship Program**  
**P.O. Box 29339, Honolulu, HI, 96820**



***Applicant Information***

Name \_\_\_\_\_  
*First Middle Last*

Mailing Address: \_\_\_\_\_  
*Street Number of P.O. Box City State Zip Code*

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Do you have a High School Diploma or a GED? (check one)  Yes  No

High School: \_\_\_\_\_ Year: \_\_\_\_\_

State of Residency: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you currently employed? (check one)  Yes  No If YES: \_\_\_\_\_  
*place(s) of employment*

Non-Traditional Status: (check all that apply)

- single parent  disabled (by ADA definition)
- houseless  sole income provider  ward of the court
- previously incarcerated, or currently incarcerated with no more than two years remaining on sentence

***Program Information***

Training or Educational Program you currently attend or plan to enter:  
\_\_\_\_\_

School or Organization offering training or educational program:  
\_\_\_\_\_  
*Name Address City State Zip Code*

When did/will you start this program? \_\_\_\_\_ When do you plan to complete this program? \_\_\_\_\_



**Financial Information-**

Income for Tax Year:  2007 OR  2008

Number in Household (including yourself and everyone else who is in the household and supported by your income): \_\_\_\_\_

Of this number, how many are in college or attending training or vocational educational programs? \_\_\_\_\_

Do you, or does your family, receive any public assistance? (e.g. EBT/food stamps, social security, public assistance)  Yes  No

**Combined Family Income Level (Check one box):**

*Please report the family's **Taxable income not Gross Income:***

- \$0-\$17,940
  - \$17,941-\$24,150
  - \$24,151-\$30,360
  - \$30,361-\$36,570
  - \$36,571-\$42,780
  - \$42,781-\$48,990
  - \$48,991-\$55,200
  - \$55,201-\$61,410
  - Over \$61,410 \$\_\_\_\_\_
- (please indicate taxable income amount if over \$61,410  
**AND** if you have more than 8 members in household)

**Applicant's Goals (Answer the following question below. You may attach an additional sheet if needed.)**

How will your training help you to fulfill your *kuleana* (responsibility) to yourself, your ohana, and your community?

**Certification**

*I verify that the information provided in this application is true and correct. I authorize NHEA to release information on this form to OHA. If am awarded, I will need to provide my social security number for the scholarship disbursement and I authorize NHEA to release information to OHA, my institution of study, and to the media.*

**Name:** \_\_\_\_\_  
*First Middle Last*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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