



Hawaii Tropical Flower and Foliage Association –Kauai Chapter, Inc. (“HTFFA”)

Scholarship Program and Application Form

The Hawaii Tropical Flower and Foliage Association – Kauai Chapter, Inc. is an organization whose members are either actively farming tropical flowers and/or foliage, are interested in becoming active growers or are in the floral industry as wholesalers or retailers. Its role is to promote Kauai’s flower industry and to provide current and relevant information to assist growers and shippers of tropical flowers and foliage.

PROGRAM: ~~up to~~ ^{ONE} (●) scholarships of \$1,000 each will be awarded each year to Kauai residents who are undergraduate or graduate students studying an agriculture field. Agriculture fields include general agriculture, aquaculture, or a closely related field. Food science and nutrition majors do not qualify.

1. The scholarships will be awarded based on scholastic achievement, participation in school and community activities and agricultural experiences.
2. Special consideration will be given to applicants who currently intend to pursue their career on Kauai.
3. Special consideration will be given to applicants with a demonstrated career interest in the tropical flowers and foliage industry.

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QUALIFICATIONS:

- Kauai Resident
- Enrollment as a full time student at an accredited University or College
- Majoring in an agricultural field
- Grade point average of 2.5 or better

CONDITIONS:

- Deadline for Application is March 31st.
- Provide current academic transcript
- Provide at least three letters of recommendation
- Disbursement requires proof of enrollment through financial aid office.
- Committee's Decision is Final
- Income Tax Returns may be requested to assist the Committee in verifying need.

GENERAL INFORMATION:

Name: _____ Social Security#: _____ / ____ / _____

Mailing Address: _____

Date of Birth: _____ Place of Birth: _____

Current School: _____ GPA: _____

Father / Guardian: _____ Occupation _____

Mother / Guardian: _____ Occupation _____

Total Family Gross Income: (Include all members of the family) for the year _____:

Up to \$25,000 _____
\$25,001 to \$50,000 _____
\$50,001 to \$75,000 _____
Over \$75,000 _____

Why do you feel that you deserve this Scholarship?

(Additional sheets may be added)

Please describe your involvement in the following areas, including any awards, special acknowledgments, etc.: academic, community service, sports, clubs, and organizations, hobbies/special interests, job/work experience:

(Additional sheets may be added)

CERTIFICATION:

1. I do hereby certify that the information provided in this application was compiled and written solely by the undersigned and that the data is true and correct as of this date.
2. I consent to the review and release of this application to the appropriate persons in HTFFA and understand that HTFFA requires my Social Security Number for its records.
3. I agree and grant permission to HTFFA for the use of my name and other information for the purpose of promotion, advertising, recognition and/or news releases including publications, without promise of favor or payment. Documents received will be used solely by HTFFA.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(For family income certification)

Mail completed application, three (3) letters of recommendation, and current academic transcript to:

**HTFFA
P.O. Box 2015
Kapaa, HI 96746**