



West Hawaii Dance Theatre & Academy

74-5626 Alapa st. ~ Kailua Kona, HI 96740

808-329-8876

CONFIDENTIAL

A

Student Applicant Information

Student A

1 Last Name _____ First Name _____
 Date of Birth (mm/dd/yyyy) _____ / _____ / _____ Gender: M F

2 Grade (2015/2016 school year) _____ School _____

3 Relationship of parent/guardian in Section B: *(Check all that apply)*
 Mother Father Stepmother Stepfather Female guardian Male guardian

4 Student lives with: *(Check all that apply)*
 Mother Father Stepmother Stepfather Female guardian Male guardian

Student B

1 Last Name _____ First Name _____
 Date of Birth (mm/dd/yyyy) _____ / _____ / _____ Gender: M F

2 Grade (2015/2016 school year) _____ School _____

3 Relationship of parent/guardian in Section B: *(Check all that apply)*
 Mother Father Stepmother Stepfather Female guardian Male guardian

4 Student lives with: *(Check all that apply)*
 Mother Father Stepmother Stepfather Female guardian Male guardian

Student C

1 Last Name _____ First Name _____
 Date of Birth (mm/dd/yyyy) _____ / _____ / _____ Gender: M F

2 Grade (2015/2016 school year) _____ School _____

3 Relationship of parent/guardian in Section B: *(Check all that apply)*
 Mother Father Stepmother Stepfather Female guardian Male guardian

4 Student lives with: *(Check all that apply)*
 Mother Father Stepmother Stepfather Female guardian Male guardian

B

Parent or Guardian Information

5 Mailing Address to which all correspondence will be sent:
 Number and street or PO Box _____
 City _____ State _____ ZIP code _____ - _____

Parent A

6 Last Name _____ First Name _____
 Home address _____
 City _____ State _____ ZIP code _____ - _____
 Occupation _____ Title _____
 Employed by _____ Years w/firm _____ Part time Full time

Parent B

6 Last Name _____ First Name _____
 Home address _____

City _____ State _____ ZIP code _____ - _____

Occupation _____ Title _____

Employed by _____ Years w/firm _____ Part time Full time

C

Parents' Income and Expense Information For financial assistance, please provide a copy of your most recent Federal Income Tax Form 1040 plus all attachments and schedules and W-2's. If parents filed separately, a copy of tax return is required from each parent.

The information on this form is for the tax year 2015.

Basic Tax Information

- 7 a Did any student applicant file a federal tax return for the same year?
- b Student A Yes No Student B Yes No Student C Yes No
- c How many exemptions are you claiming? _____
- d How many children including the student applicant(s) receive support from you in 2015? _____
- e How many children counted in previous question will be attending full time childcare, tuition-charging preschools, schools or colleges in 2015-2016 _____

Total taxable income before deductions

	Estimated 2015	
8 a Salaries and wages for parent, stepparent, or guardian in 6, parent A	\$ _____	\$ _____
b Salaries and wages for parent, stepparent, or guardian in 6, parent B	\$ _____	\$ _____
c Taxable dividends and/or interest income from 1099 statements	\$ _____	\$ _____
d Alimony received or estimated (do not include child support)	\$ _____	\$ _____
e Net profit/loss from business and/or farm (if loss use parenthesis around figures) Check only one box <input type="checkbox"/> parent, stepparent, or guardian in 6, parent A <input type="checkbox"/> parent, stepparent, or guardian in 6, parent B <input type="checkbox"/> both	\$ _____	\$ _____
f Other taxable income	\$ _____	\$ _____
TOTALS	\$ _____	\$ _____

D

Family Assest and Debts

9 a Home (if owned - See E12 if renting)	Present Market Value \$ _____	Unpaid principal on 1st mortgage \$ _____	Annual payme on 1st mortga \$ _____
b Do you have a second mortgage or equity loan on your home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please fill in the lines to the right		Unpaid principal on 2nd mortgage / equity loan(s) \$ _____	Annual payme on 2nd mortgage / eq loan(s) \$ _____
	TOTALS a plus b	\$ _____	\$ _____
c All other real estate (use #14 for any additional property)	Present Market Value \$ _____	Unpaid principal on other real estate \$ _____	Annual payme on other real estate \$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

	\$	\$	\$
TOTALS	\$	\$	\$

E

Supplemental Information

	Student A	Student B	Student C
10 a How much can you afford for educational expenses in 2015-2016 for each student applicant? Do not leave blank.	\$	\$	\$
b How much can you afford for educational expenses in 2015- 2016 for all students listed in #11? Do not leave blank.	All students total	\$	

11 Provide current year information for all dependent children. Enter first and last names. The number of the dependent children should be the same as entered in 7e. List student applicants first, in order of Section A, Student A, B & C. List all children, those applying for aid and those not applying for aid. Use a separate piece of paper if necessary.

	Full Name of dependent	Name of current childcare, preschool, school , or college	Grade	Age
1				
2				
3				
4				
5				

	Cost of childcare, preschool, school or college	Amount of this cost paid by:				
		a. Parent or guardian	b. Financial aid award	c. Loan	d. Students' assets and earnings	e. Friends, relatives, & trust funds (explain in #14)
1	\$	\$	\$	\$	\$	\$
2	\$	\$	\$	\$	\$	\$
3	\$	\$	\$	\$	\$	\$
4	\$	\$	\$	\$	\$	\$
5	\$	\$	\$	\$	\$	\$

12 a If you rent your family residence, provide total amount of annual rent for:		Estimated 2015
		\$
b Please list annual amounts for all of the following you are receiving:		
<input type="checkbox"/> Food Stamps	\$	\$
<input type="checkbox"/> HUD	\$	\$
<input type="checkbox"/> WIC	\$	\$
<input type="checkbox"/> Welfare	\$	\$

13 Complete this item only if student applicants' parents are divorced, separated, or have never been married.

Divorced Separated, no court action Legally separated Never Married

Date of divorce or separation (mm/dd/yyyy) | | | | / | | | / | | | | |

Non-custodial parent's full name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Home address _____

Telephone _____

Occupation _____

Employed by _____

Student A Name of parent who claimed student as a tax exemption (2014) _____

Is there any agreement specifying a contribution for this student's educational expenses? Yes No
If yes, how much per year? \$ _____

Student B Name of parent who claimed student as a tax exemption (2014) _____

Is there any agreement specifying a contribution for this student's educational expenses? Yes No
If yes, how much per year? \$ _____

Student C Name of parent who claimed student as a tax exemption (2014) _____

Is there any agreement specifying a contribution for this student's educational expenses? Yes No
If yes, how much per year? \$ _____



14 Use this space to list additional property and/or additional dependents. Please include all financial information requested.

15 We understand that this information is confidential and will only be used by WHDT in determining scholarship allocations. We declare that the information reported on this form, to the best of our knowledge and belief, is true, correct, and complete. We understand that this form must be completely filled in and copies of all schedules and forms attached. Incomplete forms will be disqualified. Please include with your application the following items: copies of 2014 (or most recent) Federal Income Tax Return Form 1040 for both parents, all schedules and attachments and W-2's pertinent to the return(s); 2 letters of recommendation; and the student's essay.

Parent or
Guardian 6A

Signature _____

Date _____

Home phone

| | | | | - | | | | |

Work

| | | | | - | | | | |

Cell

| | | | | - | | | | |

Parent or
Guardian 6B

Signature _____

Date _____

Home phone

| | | | | - | | | | |

Work

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Cell

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Scholarship Requirements				