University of Hawai‘i at Hilo
Scholars with Disabilities Tuition Waiver

The Scholars with Disabilities Tuition Waiver recognizes a student with a documented disability who has demonstrated superior scholastic performance and who plans to enroll at the University of Hawai‘i at Hilo for the Spring 2007 academic semester.

Eligibility
Students meeting all of the following qualifications may apply.
1. Currently enrolled classified student, or accepted as a classified student into a University of Hawaii at Hilo degree program. Student may be enrolled either full- or half-time.
2. Academic merit as demonstrated by a grade point average of at least 3.0 in high school, college, or university setting.
3. Student is determined to be a “qualified student with a disability” as determined under the Americans with Disabilities Act standards-guidelines provided. (An IEP and or 504 plan is not sufficient.)

Applications Requirements
1. Submit a completed and signed Scholars with Disabilities Application Form to the University Disability Services Office, UHH, Hale Kauanoe A Wing, 200 W. Kawili St., Hilo, Hawaii 96720, by December 15, 2006.
2. A Personal Statement – guidelines provided
3. Letter of Recommendation – form provided
4. Documentation substantiating disability as determined by the Americans with Disabilities Act standards. Documentation submitted will be considered highly confidential, and will not be returned to applicant.

Condition of Award
One award will be made every academic semester, and all applicants will need to competitively apply each semester for the tuition waiver. Tuition waiver will apply to one academic semester only, and will be applied towards the tuition fee in the amount of $1000.00. Students may be asked to show progress throughout the semester. Award letter to be mailed out by December 30, 2006.

Applications and all supporting documents should be submitted to Scholars with Disabilities Tuition Waiver, c/o University Disability Services, University of Hawai‘i at Hilo, 200 W. Kawili Street, Hilo, HI 96720. Applications must be postmarked no later than December 15, 2006.
University of Hawaii at Hilo
Scholars with Disabilities Tuition Waiver Application

Application Deadline: December 15, 2006

Please type or print:

Name:_________________________________________________________________

                     Last           First           Middle

Social Security:_____ / ____/ _____  Sex: Male_____        Female____

Mailing Address:_______________________________________________________________

                       Number              Street              City              Zip Code

Home Phone:_________________________      Work Phone:__________________

Permanent Address:_____________________________________________________

                       Number              Street              City              Zip Code

Date of Birth:____/____/____

Marital Status:  Single_____ Married_____ Divorced_____ Widowed____

Education

High School Attended:________________________________ Year Graduated____

University/College

Level: Fresh_____ Soph_____ Junior_____ Senior_____ Grad_____ Certificate____

Major:______________________ Current GPA:________ Cumulative GPA:________

List all colleges attended other than UHH

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I attest that all the information on this application is true and correct to the best of my knowledge. I agree to provide supporting documents and further verification upon request and authorize the Scholars with Disabilities Tuition Waiver Committee access to my educational records.

Signature___________________________________________

Date_________________________
Recommendation Form

To the applicant: Print your name, social security number and sign to waive/not waive access to this letter of recommendation. Refer this form to a faculty member, instructor, or teacher who can evaluate your academic strengths and weaknesses.

Applicant’s Name_______________________________________________________________

Social Security No.__________________________________________

Please check and sign in accordance with the Family Educational Rights and Privacy Act of 1994.
I hereby ______ waive ______ do not waive my right of access to this letter of recommendation

_______________________________  __________________________
Signature of Applicant                                                               Date

To the reference: Use an additional page if necessary. The recommendation is an important part of the student application. Please respond candidly to the items below, sign and return your recommendation either to the applicant, or the address listed below. The questions may be addressed on an attached statement.

1. How well and in what capacity do you know the applicant?
2. Is there evidence of the student’s academic accomplishments or potential that is not directly reflected in the GPA?
3. What are the applicant’s previous and current activities that demonstrate leadership potential?
4. In what way do you expect the applicant to provide leadership or service to the community? What are the special skills or talents of the applicant that will benefit the community?

Deadline: Dec 15, 2006

Date __________________ Signature__________________________________________

Print Name and Title________________________________________________________

Print Address______________________________________________________________

This form can either accompany the application, or be returned to: Scholars with Disabilities Tuition Waiver, c/o University Disability Services, University of Hawai’i at Hilo, 200 W. Kawili Street, Hilo, HI 96720.
Describe your reasons for pursuing a college education, your selection of the discipline of study, and how they relate to your life and career goals. Please include any previous or current activities that demonstrate your leadership potential, and special skills or talents that will be of benefit to your community.