

Kahu Leilani M. Keanu Scholarship Fund for Theological Education Clergy and Laity Application

Date Submitted _____

I. Personal and Church Information

Title/Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number _____ E-Mail Address _____

Local Church _____

Local Church Contact _____ E-Mail Address _____

Phone Number _____

Please list leadership position and length of service in both your local church and the association.

Church Position _____ Length of Service _____

Association Position _____ Length of Service _____

Your educational plans have been discussed with church and approved: YES NO

You are a member in discernment: YES NO

II. Program Information

Please give information for the program you are applying for:

Program Name _____ Program Dates _____

Program Sponsor _____

Mailing Address _____

City _____ State _____ Zip Code _____

E-Mail Address _____ Web-site _____

List educational or leadership goals that will be met by this program:

Please attach program information with registration costs and/or website address.

III. Budget

(The scholarship will provide up to one-third of the cost with the understanding of shared cost with local church and applicant.)

Expenses

Tuition _____

Books and Materials _____

Room and Board _____

Travel _____

Other _____

Total Expenses _____

Kahu Leilani M. Keanu Scholarship Fund for Theological Education Clergy and Laity Application

Resources

Local Church Contribution _____
Personal Contribution _____
Trust/Foundation _____
Other (please attach explanation) _____

Total Resources _____

Total Amount Requested _____

Confidential Financial Information the committee should consider:

IV. Background Information

Programs attended in the last five years:

Program	Date(s)	AHEC Scholarship Amt.
_____	_____	_____
_____	_____	_____
_____	_____	_____

List other positions of church participation and service:

Local Church _____
AHEC _____
HCUCC _____
UCC _____

Signature of Applicant _____ Date _____

Signature of Minister/Moderator _____ Date _____

Please mail completed application form to:

Scholarship Committee
Association of Hawaiian Evangelical Churches
700 Bishop Street, Suite 825
Honolulu, HI 96813
Attn: Christine Nu'uhiwa