

HAWAII EDUCATION ASSOCIATION  
SY 2020-2021 SCHOLARSHIP APPLICATION FORM

**RONALD K. TOMA SCHOLARSHIP**  
Professional Development for In-service Public School Educators

**CHECK ONE**

- ☐ Full-time/Part-time (Tenured)  
☐ Probationary/Temporary Appointment/Less Than Half-Time ← **DO NOT CONTINUE**  
☐ HEA member  
☐ non-HEA member

**PERSONAL INFORMATION**

**PLEASE PRINT CLEARLY OR TYPE**

APPLICANT'S SOCIAL SECURITY NUMBER					LAST NAME					FIRST NAME					M.I.				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female					DATE OF BIRTH					EMAIL ADDRESS					TELEPHONE NUMBERS Bus. _____ Res. _____ Cell _____				
HOME ADDRESS					NUMBER AND STREET					CITY					STATE		ZIP CODE		
BUSINESS ADDRESS					NUMBER AND STREET					CITY					STATE		ZIP CODE		

NAME OF COLLEGE/UNIVERSITY FROM WHICH DEGREE CONFERRED (DO NOT USE INITIALS)	DATES ATTENDED		NAME OF DEGREE, DIPLOMA OR CERTIFICATE MAJOR & AREA OF SPECIALIZATION (abbreviate)	YEAR RECEIVED
	From Mo./Yr.	To Mo./Yr.		

WORK EXPERIENCES (List present salaried DOE Employment first)			
PLACE OF EMPLOYMENT (INCLUDE ADDRESS)	DATES		POSITION HELD/ EMPLOYMENT STATUS
	FROM MO./YR.	TO MO./YR.	

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ACTIVITIES

Please list activities or positions held in school or state/district office, community and educational organizations.  
(List most recent first.)

Year(s)

Position


PLACE OF STUDY OR TRAINING

Title of activity applied to for admission \_\_\_\_\_

Include sponsoring organization, date(s), location, desired outcomes/purpose:


How is this activity supporting the Academic Plan?

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Anticipated Expenses

Amount

	\$ _____
	\$ _____
	\$ _____

TOTAL REQUEST \$ \_\_\_\_\_

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**PERSONAL STATEMENT**

In the space provided here, describe how your proposed activity will contribute to your professional improvement. What new learnings will you gain from participating in this activity? With whom and how will you share your new learnings?

Do you plan to continue working in the field of education in Hawaii after completing your studies? ☐ Yes ☐ No

If awarded a scholarship, I authorize the HEA to publish my name and photo for publicity purposes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date