



Aloha,

Mahalo for your interest in the Pauahi Foundation 2026-2027 College Scholarship Program. After reviewing your application, we determined that you are a dependent student. Therefore, the following additional information and documentation is required before we can consider your application to be complete.

Please submit the attached form. Be sure to complete this form using a desktop or laptop computer; do not use a mobile device. Upload the following to the Pauahi Foundation Scholarship Application:

- **Parent(s) Form (provided below)**

If your parent(s) filed taxes, submit the following to [Pauahi Foundation Scholarship Application](#):

- **Parent(s) and/or Step Parent's Signed 2024 Federal Income Tax Return (Form 1040)**
- **All 2024 W-2 Form(s) from employer(s)**
- **If applicable, also submit:**
  - **1099 Form(s) (e.g. SSA-1099, 1099-R, etc.)**
  - **Schedules 1, 2, 3, A, B, C, D, E, F, etc.**

**NOTE (FOR NEED-BASED SCHOLARSHIPS ONLY):** If we do not receive all requested financial documents by our program deadline, November 30, 2025, your application will be considered incomplete for need-based scholarships and will not be reviewed for those awards. However, if you selected any merit-based scholarships, your application will still be considered for those, even if financial documents are not submitted.

If you have any questions or need any assistance in completing this questionnaire, please call (808) 534-8080 or email [scholarships@pauahi.org](mailto:scholarships@pauahi.org).

Me ka 'oia'i'o,  
**Pauahi Foundation**  
**Scholarship Office**

Applicant Last Name \_\_\_\_\_ Applicant First Name \_\_\_\_\_

Marital Status	
What is the marital status of student's biological or adoptive parents?	
<b>If the student's biological or adoptive parents' marital status is any of the following, please skip the two questions below:</b> <ul style="list-style-type: none"> <li>• Married</li> <li>• Unmarried, Living Together</li> <li>• Widowed</li> </ul>	
Who provided more than half of student's financial support? <i>If the parents are divorced or separated, answer the questions about the parent who provides the greater portion of the student's financial support, even if the student does not live with them. If both parents provided an exactly equal amount of financial support during the past 12 months, or if they don't support the student financially, answer the questions about the parent with the greater income and assets. If this parent is remarried as of today, answer the question about that parent and the stepparent.</i>	
What is the marital status of the parent identified above as providing more than half of student's financial support?	

Parent(s) Information	
Parent A	
Name (First and Last)	
Date of Birth (MM/DD/YYYY)	
Gender	
Relationship to Student/Applicant	
Is parent Deceased?	
Occupation	
Highest Education Completed	
Primary Address. Do not use P.O. Box	Street:  City: State: Zipcode: Island:
Legal State of Residence	
Primary Phone Number	
Alternate Phone Number	
Primary Email Address	
Alternate Email Address	
Select one of the following regarding Parent A's tax return status for 2024	<input type="checkbox"/> Completed tax return <input type="checkbox"/> Will file, has not completed tax return <input type="checkbox"/> Will not, and not required to file
What is Parent A's filing status for 2024?	<input type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Head of household <input type="checkbox"/> Qualifying surviving spouse

Applicant Last Name \_\_\_\_\_

Applicant First Name \_\_\_\_\_

Housing <i>Check one option</i>	<input type="checkbox"/> Own home <input type="checkbox"/> Rent <input type="checkbox"/> Live with others <input type="checkbox"/> Housing provided by employer
------------------------------------	--

**Parent B**

Name (First and Last)	
Date of Birth (MM/DD/YYYY)	
Gender	
Relationship to Student/Applicant	
Is parent Deceased?	
Occupation	
Highest Education Completed	
Primary Address. Do not use P.O. Box	Street:
	City
	State:
	Zipcode:
	Island:
Legal State of Residence	
Primary Phone Number	
Alternate Phone Number	
Primary Email Address	
Alternate Email Address	
Select one of the following regarding Parent B's tax return status for 2024	<input type="checkbox"/> Completed tax return <input type="checkbox"/> Will file, has not completed tax return <input type="checkbox"/> Will not, and not required to file
What is Parent B's filing status for 2024?	<input type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Head of household <input type="checkbox"/> Qualifying surviving spouse
Housing <i>Check one option</i>	<input type="checkbox"/> Own home <input type="checkbox"/> Rent <input type="checkbox"/> Live with others <input type="checkbox"/> Housing provided by employer

Applicant Last Name \_\_\_\_\_ Applicant First Name \_\_\_\_\_

Parent Financial Information		
Please read each line item before entering information. You will need tax returns and financial documents to complete this section. If the answer is zero or the question does not apply, enter 0.		
Did parent(s) file a 1040 Schedule 1? If 1040, line 8 and/or line 10 are not blank, enter "Yes" and submit Schedule 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Line 11:</b> Adjusted gross income	\$	
<b>Line 1z:</b> Wages and other earned income. If a tax form line's value is negative, treat it as zero in your calculation. Submit all W-2 Forms.	\$	
<b>Line 2a:</b> Tax-exempt interest	\$	
<b>Line 2b:</b> Taxable interest	\$	
<b>Line 3b:</b> Ordinary dividends	\$	
<b>Line 4a minus 4b:</b> Untaxed portions of IRA distributions. Exclude if indicated as 'ROLLOVER' on IRS Form 1040, Line 5 (or Form 1099-R, Line 7, Code G)	\$	
<b>Line 5a minus 5b:</b> Untaxed portions of Pension. Exclude if indicated as 'ROLLOVER' on IRS Form 1040, Line 5 (or Form 1099-R, Line 7, Code G)	\$	
<b>Line 7:</b> Capital gain or (loss) – Submit Schedule D	\$	
<b>Line 10:</b> Adjustments to income – Submit Schedule 1	\$	
<b>Line 22:</b> Federal taxes paid	\$	
Wages, tips, and other compensation reported in Box 1 of your W-2 forms or other earning statements and any earning from work not included on earnings statement	Parent A	Parent B
	\$	\$
<b>W-2, Box 12 (Codes D, E, F, G, H, S):</b> Tax deferred pension and retirement savings plans	\$	
<b>W-2, Box 12 (Code W):</b> A health savings account	\$	

Applicant Last Name \_\_\_\_\_ Applicant First Name \_\_\_\_\_

Parent(s) Income and Benefits			
Provide the total amounts you (and spouse, if married on in a domestic partnership) received in 2024. If the answer is zero or the question does not apply, please enter 0.			
Income/Support Received From	Annual Total – 2024	Income/Support Received From	Annual Total – 2024
Alimony	\$	Cost of living allowance (COLA): W-2, Box 16 minus Box 1, or Box 14 (Coded as COLA, RET)	\$
Disability benefits	\$	Housing, food, and other living allowances as members of the military, clergy, or other profession	\$
Pension, annuity, or retirement benefits	\$	Social security benefits (non-taxable only) <i>If filed, 1040, Line 6a minus 6b plus benefits received for other family members listed in the household, except any who will be enrolled in college in 2026-27</i>	\$
Unemployment benefits	\$	Veteran’s non-educational benefits	\$
Workers’ compensation	\$	Other untaxed income and benefits	\$

Applicant Last Name \_\_\_\_\_ Applicant First Name \_\_\_\_\_

Parent(s) 2024 Benefits	
Did parent(s) receive any of the following benefits in 2024?	Response
Supplemental Security Income (SSI) Benefits	
Supplemental Nutrition Assistance Program (SNAP), Food Stamps, or use EBT	
Temporary Assistance for Needy Families (TANF)	

Parent(s) Child Support in 2024	
How much did parent(s) RECEIVE in child support for all children in 2024? If the answer is zero or the question does not apply, enter 0.	\$
How much parent(s) PAID in child support for all children in 2024? If the answer is zero or the question does not apply, enter 0.	\$

Parent(s) Expenses in 2024	
How much medical and dental expenses, not covered by insurance, did parent(s) pay in 2024?	\$
How much alimony did parent(s) pay in 2024?	\$

Parent(s) Assets		
Provide the value for each asset as of today, rather than average or original values. Enter the combined amounts held by parent(s). If the answer is zero or the question does not apply, enter 0.		
Asset Type	Current Market Value	Amount Owed
Current amount in cash, savings, checking accounts	\$	-
Investments <i>Stocks, bonds, mutual funds, money market funds, certificate of deposits, 529 college savings or pre-paid tuition plans, etc Do not include retirement plans, home you live in</i>	\$	-
Total value of parent assets held in the names of their children	\$	-
Other Real Estate <i>Other than primary home, such as land, a vacation or second home, a seasonal or vacation rental property). Include a unit within a family home that has its own entrance, kitchen, and bath rented to someone other than a family member</i>	\$	\$
Business <i>Land, buildings, machinery, equipment, inventories, etc.</i>	\$	\$
Farm <i>Land, buildings, machinery, equipment, livestock, inventories, etc.</i>	\$	\$

Applicant Last Name \_\_\_\_\_ Applicant First Name \_\_\_\_\_

**Explanation/Special Circumstances**

Use this space to explain any unusual expenses such as loss of employment, loss of one-time income, high medical/dental expenses or special circumstances. Provide a detailed explanation (up to 750 characters).

**CERTIFICATION**

*Please read carefully and sign*

I/We hereby certify that the above statements are true to the best of my/our knowledge and agree to furnish proof and other documentation as requested. I/We acknowledge that failure to disclose any requested information, or providing inaccurate, incomplete and/or false or misleading information, may result in my or my/our child's disqualification.

\_\_\_\_\_  
Parent A Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent B Signature

\_\_\_\_\_  
Date

**COMPLETE AND UPLOAD THIS FORM TO [PAUAAHI FOUNDATION SCHOLARSHIP APPLICATION](#)**

**Scholarship Office**

567 South King Street, Suite 102 | Honolulu, HI 96813

e-mail. [scholarships@ksbe.edu](mailto:scholarships@ksbe.edu)

tel. (808) 534-8080