



Aloha,

Mahalo for your interest in the Pauahi Foundation 2026-2027 College Scholarship Program. During our review of your application, we determined the following additional information and documentation are 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](#):

- **Spouse or Significant Other Form (provided below)**

If your spouse or significant other has filed taxes, submit the following to the [Pauahi Foundation Scholarship Application](#):

- **Spouse/Significant Other's Signed 2024 Federal Income Tax Return (Form 1040)**
- **All 2024 W-2 Form(s) from their employer(s)**
- **If applicable, also submit:**
  - **1099 Forms (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).

**Pauahi Foundation  
Scholarship Office**

Student Last Name \_\_\_\_\_ Student First Name \_\_\_\_\_

Spouse of Significant Other Information	
Spouse or Significant Other	
Name (First and Last)	
Date of Birth (MM/DD/YYYY)	
Relationship to Student/Applicant	
Select one of the following regarding spouse or significant other'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 spouse or significant other'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

**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.**

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

Spouse or Significant Other 2024 Income	
<p><i>Refer to your 2024 federal tax return(s) and W-2 forms or wage statements from each of your employers to answer the following questions.</i></p> <p><i>-If 1040, Line 8 and/or Line 10 are not blank, submit Schedule 1</i></p> <p><i>-If Schedule 1, Line 3 is not blank, submit Schedule C</i></p> <p><i>-If Schedule 1, Line 5 is not blank, submit Schedule E</i></p> <p><i>-If Schedule 1, Line 6 is not blank, submit Schedule F</i></p>	
<b>Line 1z:</b> Income Earned from work ( <b>Student</b> ). Submit all W-2 Forms	\$
<b>Line 1z:</b> Income Earned from work ( <b>Spouse or Significant Other</b> ). Submit all W-2 Forms	\$
<b>Line 2b:</b> Taxable interest	\$
<b>Line 3b:</b> Ordinary dividends	\$
<b>Line 11:</b> Adjusted gross income	\$
<b>Line 22:</b> Federal taxes paid	\$
<b>Schedule 1, Line 8r:</b> Scholarships and fellowship grants not reported on Form W-2	\$
<b>Schedule 3, Line 3:</b> Education credits	\$

Student Last Name

Student First Name

Spouse or Significant Other 2024 Other Untaxed Income			
Provide the total amounts 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	\$	Child Support	\$
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, include benefits received for other family members listed in the household, except any who will be enrolled in college in 2026-27</i>	\$	Tax deferred pension and retirement savings plans from W-2, box 12 (Codes D, E, F, G, H, S)	\$
Unemployment benefits	\$	Veteran's non-educational benefits	\$
Workers' compensation	\$	Other untaxed income	\$

For the sections below, please enter the combined amounts held by the student and their spouse (or significant other).

Spouse or Significant Other Expenses in 2024	
How much child support did you pay in 2024?	\$
How much medical and dental expenses, not covered by insurance, did you pay in 2024?	\$

Current Assets (Spouse or Significant Other)		
Provide the value for each <u>asset</u> as of today, rather than average or original values. If the answer is zero or the question does not apply, enter 0.		
Asset Type	Current Market Value	Current Debt
Current amount in cash, savings, and 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 or home you live in</i>	\$	-
Other Real Estate <i>Other than primary home, such as land, a vacation or second home, a seasonal or vocational 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>	\$	\$
Trust		-

Student Last Name \_\_\_\_\_ Student 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 below.*

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.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse or Significant Other Signature

\_\_\_\_\_  
Date

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

**Scholarship Office**

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e-mail. [scholarships@pauahi.org](mailto:scholarships@pauahi.org)

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