



Aloha,

Mahalo for your interest in Pauahi Foundation's 2026-2027 College Scholarship Program. During our review of your application, we determined the following additional information and documentation is required before we can consider your application to be complete.

Be sure to complete this form using a desktop or laptop computer; do not use a mobile device. Upload the completed form to the [Pauahi Foundation Scholarship Application](#):

- **Student and Parent Form (provided below)**

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

- **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.**

If your parent(s) filed taxes, submit the following to the [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.

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

Applicant Last Name _____ Applicant First Name _____

| Student Data | |
|--|--|
| Select one of the following regarding student 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 student'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 |
| Student/Applicant has children or other legal dependents other than a spouse | |
| Is or was the Student/Applicant a ward of the court until the age of 18? | |
| Is or was the Student/Applicant in foster care until the age of 18? | |
| Student/Applicant is houseless(homeless) or at risk of becoming houseless(homeless) | |
| Student/Applicant is a veteran of the U.S. Armed Forces or currently serving in active duty | |
| Student/Applicant was determined to be an emancipated minor by a court in their state of legal residence | |

If you answered "Yes" to the questions above, only answer the questions pertaining to Student. Skip all Parent related questions.

| Student Financial Information | |
|--|----|
| <p><i>Refer to your (and spouse, if married or in a domestic partnership), 2024 federal tax return(s) and W-2 forms or wage statements from each of your employers to answer the following questions.</i></p> <ul style="list-style-type: none"> - If 1040, line 8 and/or line 10 are not blank, submit Schedule 1 - If Schedule 1, line 3 is not blank, submit Schedule C - If Schedule 1, line 5 is not blank, submit Schedule E - If Schedule 1, line 6 is not blank, submit Schedule F | |
| Line 1z: Income Earned from work. Submit all W-2 Forms | \$ |
| Line 2b: Taxable interest | \$ |
| Line 3b: Ordinary dividends | \$ |
| Line 11: Adjusted gross income | \$ |
| Line 22: Federal taxes paid | \$ |
| Schedule 1, Line 8r: Scholarships and fellowship grants not reported on Form W-2 | \$ |
| Schedule 3, Line 3: Education credits | \$ |
| W-2, Box 12 (Codes D, E, F, G, H, S) Tax deferred pension and retirement savings plans | \$ |

Applicant Last Name _____ Applicant First Name _____

| Marital Status | |
|---|--|
| What is the marital status of student's biological or adoptive parents? | |
| If the student's biological or adoptive parents' marital status is any of the following, please skip the two questions below: <ul style="list-style-type: none"> • Married • Unmarried, Living Together • Widowed | |
| 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 |

Applicant Last Name

Applicant First Name

| | |
|--|--|
| 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 |
| 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(s) Financial Information | | | | | |
|---|---|----------|----------|----|----|
| <i>Please read each line item before entering information. You will need tax returns and financial documents to complete this section. If parents are married or in a domestic partnership, enter the combined amounts. If the answer is zero or the question does not apply, enter 0</i> | | | | | |
| 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 | | | | |
| Line 11: Adjusted gross income | \$ | | | | |
| Line 1z: 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. | \$ | | | | |
| Line 2a: Tax-exempt interest | \$ | | | | |
| Line 2b: Taxable interest | \$ | | | | |
| Line 3b: Ordinary dividends | \$ | | | | |
| Line 4a minus 4b: Untaxed portions of IRA distributions. Exclude if indicated as 'ROLLOVER' on IRS Form 1040, Line 5 (or Form 1099-R, Line 7, Code G) | \$ | | | | |
| Line 5a minus 5b: Untaxed portions of Pension. Exclude if indicated as 'ROLLOVER' on IRS Form 1040, Line 5 (or Form 1099-R, Line 7, Code G) | \$ | | | | |
| Line 7: Capital gain or (loss) – Submit Schedule D | \$ | | | | |
| Line 10: Adjustments to income – Submit Schedule 1 | \$ | | | | |
| Line 22: 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 | <table border="1"> <thead> <tr> <th>Parent A</th> <th>Parent B</th> </tr> </thead> <tbody> <tr> <td>\$</td> <td>\$</td> </tr> </tbody> </table> | Parent A | Parent B | \$ | \$ |
| Parent A | Parent B | | | | |
| \$ | \$ | | | | |
| W-2, Box 12 (Codes D, E, F, G, H, S): Tax deferred pension and retirement savings plans | \$ | | | | |
| W-2, Box 12 (Code W): A health savings account | \$ | | | | |

The sections below will address both parent(s) and student.

| 2024 Benefits | | | | |
|---|-----------|----|---------|----|
| Did parent(s) and/or student receive any of these income and/or benefits in 2024? | Parent(s) | | Student | |
| Supplemental Security Income (SSI) Benefits | Yes | No | Yes | No |
| Supplemental Nutrition Assistance Program (SNAP), Food Stamps, or use EBT | Yes | No | Yes | No |
| Temporary Assistance for Needy Families (TANF) | Yes | No | Yes | No |

Applicant Last Name _____ Applicant First Name _____

| 2024 Other Untaxed Income | | |
|---|--|---------------------------------|
| Income/Support Received From <i>Provide the total amounts received in 2024. If the answer is zero or the question does not apply, please enter 0.</i> | Annual Total in 2024 Parent(s) <i>Enter the combined amounts held by parent(s)</i> | Annual Total in 2024 Student |
| 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 | \$ | \$ |
| Child Support | \$ | \$ |
| Pension, annuity, or retirement benefits | \$ | \$ |
| Unemployment benefits | \$ | \$ |
| Veteran's non-educational benefits | \$ | \$ |
| Workers' compensation | \$ | \$ |
| Social security benefits (non-taxable only) Parent(s) only: 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 Student only: If filed, student's tax return line 6a minus 6b | \$ | \$ |
| Other untaxed income | \$ | \$ |

| Current Assets | | | | |
|--|----------------------|-------------|----------------------|-------------|
| <i>Provide the value for each asset as of today, rather than average or original values. If parents are married, enter the combined amounts. If the answer is zero or the question does not apply, enter 0.</i> | | | | |
| Asset Type | Parent(s) | | Student | |
| | Current Market Value | Amount Owed | 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 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>Business can include land, buildings, machinery, equipment, inventories, etc.</i> | \$ | \$ | \$ | \$ |
| Farm <i>Farm can include land, buildings, machinery, equipment, livestock, inventories, etc.</i> | \$ | \$ | \$ | \$ |

Applicant Last Name

Applicant First Name

| | | | |
|--|----|----|----|
| Trust | - | \$ | \$ |
| Total value of parent assets held in the names of their children | \$ | - | - |

| 2024 Additional Financial Information (Parents and Student) | | |
|---|--|---------|
| Expense Type | Annual Total Paid in 2024 | |
| | Parent(s) <i>Enter the combined amounts held by parent(s)</i> | Student |
| Child Support Paid | \$ | \$ |
| Alimony Paid | \$ | - |
| Medical and Dental expenses paid, not covered by insurance | \$ | \$ |
| Parent 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 _____

| Family Member Listing (Include all dependents) | | |
|---|-----------|---------------------------|
| Please enter everyone who lives in your household (other than yourself) | | |
| Dependent Name | Birthdate | Relationship to applicant |
| | | |
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| | | |
| | | |

| Are any of the household members listed above currently or will attend college in the 2025-26? If yes, please complete below: | | |
|---|---|---|
| First Name of household member | Year in School for the 2025-26 academic year | Name of the college/university attending for 2025-26 academic year |
| | | |
| | | |
| | | |
| | | |

| Are any of the household members listed above currently or will attend college in the 2026-27? If yes, please complete below: | | | | |
|---|--|---|--|---|
| First Name of household member | Year in School for the 2026-27 academic year | Name of the college/university attending for 2026-27 academic year | Enrollment status for 2026-27 academic year | Type of college 2026-27 academic year |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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 disqualification.

Student's Signature

Date

Parent's Signature

Date

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

Scholarship Office

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

e-mail: scholarships@pauahi.org

tel. (808) 534-8080