



Parent(s)/Student have the opportunity to request a reconsideration of the application status or decision if an application has been denied, award has been cancelled or reduced, or changes in personal circumstances have occurred.

**Process:**

1. Complete and submit this Reconsideration Request Form with required supporting documentation (refer to pages 3-4) within 30 calendar days from the date of your KS notification or decision letter. Reconsideration Request Forms submitted without supporting documentation will **NOT** be processed.
2. A decision notification of your Reconsideration Request will be mailed in approximately 30 calendar days from the receipt of the Reconsideration Request Form and ALL required supporting documents.

**Required Applicant Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address: \_\_\_\_\_  
 Address \_\_\_\_\_ Contact phone # (\_\_\_\_) \_\_\_\_\_  
 City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Program:  College Scholarships

**CERTIFICATION: By signing this form, I/we certify that all information provided on this form and supporting documentation submitted are true and complete to the best of my/our knowledge.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Indicate which of the following circumstances best describes your situation; provide a written explanation in the space below. Note: Circumstance changes must have happened within 30 days after the program deadline.

<input type="checkbox"/> 1. Disagree with application status or decision				<input type="checkbox"/> 2. Change in size of the family			
	Student	Spouse	Parent		Student	Spouse	Parent
<input type="checkbox"/> 3. Change in employment status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 4. Change in marital status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 5. Loss of assets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 6. Loss of one-time income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 7. Medical/Dental Expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 8. Death of family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 9. Other special circumstances, please explain: (It may be necessary to explain further on a separate sheet of paper)							
<b>Explanation of Circumstances:</b> (Use this space to provide a written explanation of the circumstances described on this form.)							

**COMPLETE AND SUBMIT THIS FORM TO:**

**College Scholarships**  
 567 South King Street, Suite 102 | Honolulu, HI 96813  
*e-mail.* [scholarships@pauahi.org](mailto:scholarships@pauahi.org)  
*tel.* (808) 534-8080 or 1-800-842-4682, press 3  
*fax:* (808) 523-6286

**Provide supporting documents with Reconsideration Request Form**

Reason for Reconsideration	Required Supporting Documentation
<p>1. Disagree with:</p> <p>Application status</p> <ul style="list-style-type: none"> <li>• Late or Incomplete</li> </ul> <p>Decision made</p> <ul style="list-style-type: none"> <li>• Ineligible</li> <li>• No Funds</li> </ul>	<p>Copy of documentation to dispute application status or decision made.</p> <p>Incomplete/Late:</p> <ul style="list-style-type: none"> <li>• USPS Service Receipt</li> <li>• Time Stamp from CSS Profile or our Portal or Email</li> </ul> <p>Ineligible:</p> <ul style="list-style-type: none"> <li>• Verification of Hawai'i Residency: <ul style="list-style-type: none"> <li>Options: <ul style="list-style-type: none"> <li>○ Tax Filers: <ul style="list-style-type: none"> <li>▪ Submit signed copy of filed personal 2023 state tax return.</li> </ul> </li> <li>○ Non-Tax Filers: <ul style="list-style-type: none"> <li>▪ Hawai'i voter verification.</li> <li>▪ Residential military release or discharge.</li> <li>▪ Tuition statement from last public post-secondary institution attended.</li> </ul> </li> </ul> </li> <li>• Max Funding <ul style="list-style-type: none"> <li>○ Request an extension to be ELIGIBLE for an award by emailing the KS Resource Center - <a href="mailto:scholarships@pauahi.org">scholarships@pauahi.org</a></li> <li>○ Additional documents may be required case-by-case</li> </ul> </li> </ul> <p>case No Funds:</p> <ul style="list-style-type: none"> <li>• Email the KS Resource Center - <a href="mailto:scholarships@pauahi.org">scholarships@pauahi.org</a> <ul style="list-style-type: none"> <li>○ Additional documents may be required case-by-case</li> </ul> </li> </ul> </li></ul>
<p>2. Change in size of family Marriage/divorce see #4, For death see # 8</p>	<p>Copy of birth announcement from medical facility or court documents of adoption for added family member.</p>
<p>3. Change in employment status; termination, unemployment, full time to part time status, position change, decrease in salary/wages, disability or retirement.</p>	<ul style="list-style-type: none"> <li>• Copy of last pay stub from <b>former</b> employer in current calendar year for student, spouse, or parent(s); if applicable.</li> <li>• Copy of recent pay stub from <b>current</b> employer for student, spouse, or parent(s); if applicable.</li> <li>• Letter from employer on company stationery on employment status change; reduced hours, termination, retirement, etc.</li> <li>• Disability status. (i.e. medical documentation, letter from vocational rehabilitation, etc.)</li> <li>• Provide verification of type and amount of benefit <ul style="list-style-type: none"> <li>○ Retirement benefits (including social security) received by all members of family in the current year.</li> <li>○ Other income. (i.e. unemployment benefits, worker's compensation, pension amounts, disability, veteran's benefits, severance pay, etc.)</li> </ul> </li> </ul>

4. Change in marital status	<ul style="list-style-type: none"><li>• Copy of Marriage Certificate, Separation Agreement or Divorce Decree.</li><li>• If no Separation Agreement or Divorce Decree, provide a statement indicating date of intended separation/divorce.<ul style="list-style-type: none"><li>○ Separation must be with the intent to divorce; couple must reside at different addresses.</li></ul></li></ul> <p>continued</p>
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	<ul style="list-style-type: none"> <li>○ Provide amount of monthly financial support payments. (e.g. child support, alimony, etc.)</li> <li>● Updated list of dependents in current household.</li> </ul>
5. Loss of assets	<ul style="list-style-type: none"> <li>● Copy of documentation on loss of assets. (e.g. letter from the lender or financial institution, financial statements after date of loss, etc.)</li> </ul>
6. Loss of one-time income. Capital gains, IRA withdrawals, miscellaneous income, gambling earnings, etc.  Disability benefits	<ul style="list-style-type: none"> <li>● Identify source and amount of income. Written statement with detail explanation and itemize list of “how the money was spent.”</li> <li>● Documentation of IRA rollover, if applicable.</li> <li>● Documentation from agency verifying date and amount of benefits terminated and amount received (if any) in the current year for all family members.</li> <li>● Copy of disability benefits termination letter disclosing effective date and amount received (if any) in the current year.</li> </ul>
7. Medical/dental (non-cosmetic only) expenses not covered by insurance.	<ul style="list-style-type: none"> <li>● Copy of the most current medical/dental bill statement showing Amounts <b>paid</b> and outstanding.</li> </ul>
8. Death of family member	<ul style="list-style-type: none"> <li>● Copy of the Death Certificate &amp; documentation regarding any anticipated insurance and/or untaxed income for the current</li> <li>● year.</li> </ul>
9. Other	Email KSRC - <a href="mailto:scholarships@pauahi.org">scholarships@pauahi.org</a> for assistance. Supporting documentation may be required on a case-by-case basis.