DAVID S. ISHII FOUNDATION / YASUKO ASADA MEMORIAL
COLLEGE SCHOLARSHIP APPLICATION

APPLICATION DEADLINE:
April 30, 2010

Social Security Number(last 4 digits only): …-..-_____ Date of Birth:_____

Name:_____
First **Middle Initial** **Last**

State of residency:_____ Country of Citizenship: _____

Sex:_____ Place of Birth:_____

Permanent Hawai'i address:_____
Street number (or PO Box)

_____
City State Zip

Home Phone:_____ Cell Phone:_____ Email Address: _____

Temporary or mailing address (if different from permanent):_____
Street number (or PO Box)

_____
City State Zip

If you have a temporary address, please give effective dates: from:_____ to: _____

High School:_____ Date High School graduation:_____
Name

_____
City State/Country

Extra-curricular activities or awards:_____
(Please attach a separate sheet, if necessary)

College/University Planning to Attend:_____

Annual Household Income: (☑one)	☐ Less than $25,000	☐ $51,000 - $100,000
	☐ $25,000 - $50,000	☐ More than $100,000

Athletic Director's signature: _____ Printed Name: _____

Did you attach a copy of your essay? *Yes* _____ *No*_____

Did you attach a copy of your high school transcript? *Yes*_____ *No*_____

Did you attach your Letter(s) of Recommendation? *Yes*_____ *No*_____

Send completed Application, Essay, Transcripts and Letter(s) of Recommendation to:

DSIF SCHOLARSHIP FUND COMMITTEE
P. O. BOX 2927
AIEA, HI 96701