

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

APPLICATION DEADLINE:  
**April 16, 2019**

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: ( <input checked="" type="checkbox"/> one)	<input type="checkbox"/> Less than \$25,000	<input type="checkbox"/> \$51,000 - \$100,000
	<input type="checkbox"/> \$25,000 - \$50,000	<input type="checkbox"/> 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**