

THE LAHAINALUNA HIGH SCHOOL FOUNDATION

Box 11617 Lahaina, HI 96761 808-661-5332

email: LHSFoundation@hawaiiantel.net

TEACHERS' SCHOLARSHIP APPLICATION FORM

Due April 15, 2019

Name _____

Home Address _____

Phone # _____

email address _____

What is your current position at Lahainaluna High School and/or subjects which you are now teaching? _____

What degrees/majors have you completed? _____

In which area(s) are you now certified? _____

Which schools or programs have you applied to for professional development?

Which schools or programs have accepted you? _____

When did you start or plan to start your course of study? _____

Do you plan to continue working at Lahainaluna High School after completing your studies? _____

In the space below, describe what activities you have been involved in at LHS in addition to your teaching.

Signature

Date