

LAS VEGAS HAWAIIAN CIVIC CLUB

Kamehameha Schools Ho'omāka'ika'i Explorations 2025 Grant Application

APPLICANT INFORMATION

Student Name:		
Date of Birth:	Name of School:	Current Grade:
School Address:		
City:	State:	ZIP Code:

PARENT'S INFORMATION

Father's Name:		Mother's Name:
Address:		Home Phone:
City:	State:	ZIP Code:
Cell Phone:	E-mail:	Fax:

EMERGENCY CONTACT

Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:

REFERENCES OF ORGANIZATIONS OR PERSONAL CONTACTS

Name	Address	Phone

SIGNATURES

I authorize the use of my name and child's name in the event that my child receives the Kamehameha Ho'omāka'ika'i Explorations 2025 Grant in Las Vegas Hawaiian Civic Club publications. I have received a copy of this application.

Signature of parent/guardian:	Date:
Signature of spouse (if applicable):	Date:

REMINDER: Attach the Kamehameha Schools conditional approval email or letter to this Application!

