Eligibility:

For full consideration, applicants should be a Hawai‘i resident and a full-time, classified UHM student during the semester for which the Office of Multicultural Student Services (formerly, Operation Manong) tuition waiver will be applied. **All awardees must volunteer at least two hours per week during the semester of the award in the Office of Multicultural Student Services’ BIN-I program.** All applicants must also have submitted the FAFSA for evaluation.

Although students may submit an application for any fall or spring semester during their enrollment at UHM, OMSS tuition waiver awards will be limited to two semesters for each student, regardless of undergraduate or graduate status (including partial awards). This provision is imposed because of the limited number of tuition waivers that are allocated to and awarded by OMSS each semester.

Instructions:

Following a cover sheet, this application consists of two (2) pages (plus an additional reference page for law and medical students only). To complete this application, 1) provide the requested information to the best of your knowledge, 2) respond to the two essay questions, 3) attach copies of your most current transcript and your 2006-2007 Award Offer from UHM Financial Aid Services (showing your financial aid package, NOT your Student Aid Report), and 4) sign/date your application. If you previously enrolled in UHM courses, submit a copy of your transcripts showing your most recent 12 (for undergraduate applicants) or 9 (for graduate applicants) UHM credits.

Law and medical school students should give page 3 to a faculty member who knows your academic and nonacademic work. **Only law and medical school applicants submit page 3.**

Evaluation Process:

New university policies regarding tuition waivers has limited the dollar amount of waivers to be awarded. Once applications are reviewed and ranked (separate rankings for undergraduate and graduate applicants), consideration will be made to maximize the number of awards. Partial tuition waivers will be awarded, and, as in previous years, preference will be given to undergraduate applicants who have completed at least 12 UHM credits and graduate applicants who have completed at least 9 UHM credits in their graduate program.

Deadline:

**Deadline for consideration for the Fall 2006 OMSS tuition waiver is Wednesday, 4:30 p.m., June 21, 2006.** Completed applications and all supporting materials must be in the OMSS office (not merely postmarked) by the deadline. Award notifications will be sent out during the week of June 26, 2006. If you have any questions, please call our office at 956-7348. Send or deliver completed application and documents to the following address:

OMSS TUITION WAIVER
OFFICE OF MULTICULTURAL STUDENT SERVICES
2600 CAMPUS ROAD, QLCS 309
HONOLULU, HAWAI‘I 96822

The University of Hawai‘i at Mānoa, an EEO/AA institution, is committed to a policy of nondiscrimination on the basis of race, color, national origin, sex, disability or age in any of its policies, procedures or practices.
OFFICE OF MULTICULTURAL STUDENT SERVICES
Tuition Waiver Application
Date of Application: __________

Name: _________________________________________________________________________________
(first) (m.i.) (last)

Address: _____________________________________ Residency: _____________________________
(street)

_____________________________________________ Phone: ______________ _____________
(city) (zip code) (home) (work/other)

E-mail: ________________________________

STATUS: □ Freshman □ Sophomore □ Junior □ Senior

□ Graduate □ Law □ Medicine

Major/Department: _____________________________ Current GPA: __________

Expected Fall 2006 Credits: ____________________ Expected Graduation Date: __________

PARENT OR GUARDIAN EDUCATIONAL ATTAINMENT:

□ NO parent/guardian has a baccalaureate degree

□ ONE parent/guardian has a baccalaureate degree

□ MORE THAN ONE parent/guardian has a baccalaureate degree

□ Information not known

ATTACH THE FOLLOWING DOCUMENTS WITH THIS APPLICATION:

1. A copy of your most recent UHM transcript.


The following information is used for informational and statistical purposes only and will not be used for evaluating applications.

Sex: □ Female □ Male

Race/Ethnicity (check all that apply):

□ African American □ Caucasian □ Chinese □ Filipino

□ Guamanian □ Hawaiian □ Hispanic □ Japanese

□ Korean □ Laotian □ Native American □ Okinawan

□ Portuguese □ Samoan □ Vietnamese □ Other ________________

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Please respond to the following two (2) questions in the space provided. If you prefer to attach your responses, do not exceed one (1) page when answering both questions.

1. Describe your extracurricular activities during the past three years.

2. Describe your career goals (include both short- and long-term goals).

My signature below indicates that all information in this application is factually correct and honestly presented and, if awarded a tuition waiver by Office of Multicultural Student Services, will complete the specified volunteer work during the semester of the award.

Signature: _____________________________________________ Date: ______________________

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OFFICE OF MULTICULTURAL STUDENT SERVICES
Tuition Waiver Application

REFERENCE FORM
(For Law and Medical School Applicants Only)

Name of Applicant: __________________________________________ Date: _______________________

I waive my right to review this reference form:  ☐ Yes  ☐ No

APPLICANT: Complete the information above and give the reference form to an instructor who knows your academic and nonacademic work well. Only ONE reference form is required. Ensure that your instructor submits this form directly to our office by the due date and time.

INSTRUCTOR: The student above is applying for an Office of Multicultural Student Services tuition waiver. In order to give each applicant a fair evaluation, please complete this reference form to the best of your knowledge and return to our office by Wednesday, 4:30 p.m., June 21, 2006. Send/fax/deliver to the following address:

OMSS Tuition Waiver
Office of Multicultural Student Services
2600 Campus Road, QLCSS 309
Honolulu, Hawai‘i  96822
FAX 956-4622

1. How does the applicant’s class performance compare with other students?

   LOW ☐   AVERAGE ☐   HIGH ☐

2. Compared with other students you have taught, how would you assess the applicant’s potential as a law/medical professional?

   LOW ☐   AVERAGE ☐   HIGH ☐

3. What are the strong assets of the applicant?

4. Is there anything else you can add on behalf of the applicant?

   Instructor’s Name (sign and print): _______________________________________________________

   Date: ___________  Phone: __________________  E-mail: _________________________________

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