



January 2016

Dear Parent(s); Guardians and Friends:

Thank you for your interest in **Making Dreams Come True, Valley of Rainbows'** Scholarship Program. Enclosed you will find information on applying and the required paperwork:

- 1) How to apply, guidelines and document requirements
- 2) Application form
- 3) Community Service Reporting Form

Completed application with all attachments and required paperwork are due the 1st Monday of each month (postmarked). Please note there are no awards held in December. Please mail your application in a #10 business envelope **with additional postage**. Please note, if you have more than one child applying, a complete set of attachments and paperwork is required for EACH application. **Incomplete applications will be declined and you will be asked to apply the following month.**

Before submitting your application, please take a few minutes to review the checklist on page 2, this will help you receive your scholarship in a timely manner. Award presentations are usually held the 3rd Monday of each month **which you (or an adult representative) and your child are required to attend**. Our monthly awards are held at NFL YET Boys and Girls Club in Nanakuli, starting at 6:00 p.m. A group photo will be taken and published in *Westside Stories*, page 2, the following month. Mahalo to our media sponsor! Awards will be held November 10, 2015.

Award confirmation(s) will be sent via email (preferred method), phone or through U.S. Mail. Any questions, please contact Merrie Aipoalani, Scholarship Chair at (808) 668-1230. We appreciate your understanding if we do not return your call immediately. This is a volunteer role and we all have full-time jobs. Most of the information can be found in this packet, so be sure to review carefully before calling.

Additional information on Making Dreams Come True, Valley of Rainbows can also be found at www.valleyofrainbows.org. Good luck and thank you again for sharing our mission.

Mahalo nui loa,

Valley of Rainbows Staff and Board of Directors

Denice Keliikoa CFRE, Executive Director
Merrie Aipoalani, President & Scholarship Chair
Aulani Ahmad, Treasurer
Georgette Stevens, Secretary
Linda Naone & Jan Shimabukuro-Lee, Directors



Wanted: Youth Ages 8-17

Financial Awards available to support youth activities
Schools, clubs, sports, culture or other extra-curricular activity
E-application available – send request to denice@valleyofrainbows.org.

Or visit our website at www.valleyofrainbows.org

DEADLINE (Mail/Postmarked) by 1st Monday of each month.

*Mail to: Valley of Rainbows, PO Box 1009, Wai'anae, HI 96792

Awards Distributed Monthly –Guidelines & Checklist. Must complete all.

Are you... PLEASE REVIEW CAREFULLY

- Resident of Wai'anae Coast (Kahe to Ka'ena Point) If no, stop here, sorry, you do not qualify, out of district.
- Age 8-17 by application deadline. If no, stop here, you do not qualify.
- An **active** members/participant in an established, organized youth club, activity or event. If no, stop here.
- Minimum fifty (50) word essay. Describe your activity **in your own words**, explain how funds will be used, why you need these funds and how long you have participated in this activity. Please attach to your application.
- Picture of applicant must be attached to application (wallet size). Picture will not be returned, can be digital image.
- Attach copy of recent report card. Please make a copy, paperwork will not be returned.
- May receive only one (1) award per 12 month period. Last award date? _____ If less than 12 months, stop.
- Verification and project/event cost/expense breakdown from school, event organizer or club official required. Signature of president/leader required. If not, get one and include with this application or you will be denied.
- Volunteer a minimum of six (6) hours at a nonprofit agency **AFTER** you receive your award and not with the agency you're involved with for this award. Preferably within the Waianae Coast area, twelve months of your award to be eligible for future consideration. . Parents/guardian or older sibling asked to volunteer for youth under 14. Please mail Volunteer Reporting form to VOR, PO Box 1009, Wai'anae, HI 96792.

- Mail completed application **postmarked** by 1st Monday of each month. Send to PO Box 1009, Wai'anae, HI 96792. Mail in #10 business envelope, be sure to **include extra postage**. Sorry, VoR will not pay for postage due applications. Please note no awards held in December.

- Incomplete applications will be automatically denied and held until the following month or when complete. Please review all rules and guidelines, no exceptions will be made. Please be sure to read all instructions carefully.

- Required attendance at award presentation by your parent, guardian or an adult representative and child with picture taken. Awards scheduled 3rd Tuesday at NFL YET Boys and Girls Club in Nanakuli, 5:45 p.m. (NO awards in December)

Valley of Rainbows Scholarship Application Please print or type. Due 1st Monday (postmarked)

Have you received an award from us before? Yes No Today's Date _____
 If yes, please advise Date _____ Amount \$ _____ Purpose: _____

Personal Information - Please type or print clearly. Incomplete forms will be denied.

Name of Applicant _____ Boy Girl Ethnicity _____
 Date of Birth _____ Current Age _____ Home Phone _____ Cell _____
 Address _____ Email: _____
No PO Box allowed, street address please City, State Zip
 Father(Guardian) Name _____ Marital Status _____
 Address _____ Phone Hm _____ Work _____
 Mother (Guardian) Name _____ Marital Status _____
 Address _____ Phone Hm _____ Work _____
 How did you hear of this award program? _____

Activity or Event – Please attach detailed budget breakdown, signed by organization President (Mandatory)

How will the funds be used? _____
 Total cost of activity or event \$ _____ Amount Requesting \$ _____ Start date of activity or event _____
 Date money due _____ Will you receive other funds for this event/activity? Yes No
 Please advise other financial sources and amount _____

Organization Verification – MUST be completed by Organization President or Leader (if no Pres.)

Organization Name _____ 501.c.3 agency? Yes No
 Organization Address: _____
Full Mailing address City State Zip
 I certify that all information provided in the activity or event section of this form is true and complete to the best of my knowledge.

 Signature of Organization President Print Name & Title Date Phone Contact Cell

School Information – Please include a copy of your recent report card, will not be returned.

Name of School you attend _____ Grade _____ Teacher Name _____
 Performing satisfactory in school? Yes No Full-time student? Yes No

Parent/Student Release – Please answer each question completely

Have you received an award previously? Yes No Amt \$ _____ Date(s)/year received _____
 Have you fulfilled your 6 hours w/Valley of Rainbows? Yes No When? _____
 I/We have not applied w/in the past 12 months. Yes No (Only one (1) award per 12 month period.
 I/We understand I/we will commit six (6) hours of volunteer service at a nonprofit agency of my choice.
 I/We understand I/we will complete the six (6) hours within twelve (12) months of award and return forms.
 I/We received a previous award and completed our volunteer commitment. Yes No
 I/We certify that all the information on this form is true and complete to the best of my (our) knowledge and agree to use the funds as stated in this application. In the event, I/we are no longer active with this event/activity, funds will be returned. I/We realize that upon receiving the grant award, I/we will participate in six (6) hours of community service within the year or forfeit future awards. I/We give permission to use my child's photo, video, or voice for promotional purposes, without compensation. I/We release Making Dreams Come True...Valley of Rainbows board of directors, sponsors, vendors, contractors, volunteers and staff; Queen Lili'uokalani Children's Center staff and trustees, City & County of Honolulu, and State of Hawaii, and from all liability, damage, accident, claims of injury, or damage of personal property resulting in my participation.

Applicant signature _____ Date _____ Parent (Guardian) signature _____ Date _____



VALLEY OF RAINBOWS COMMUNITY SERVICE FORM

To incorporate the values of servant leadership and a way to ‘give back’ to the community, Valley of Rainbows asks each scholarship awardee to provide a community service project as a condition of receiving future scholarships. For minors or young children under 14 years of age, we ask the parent/older sibling to complete the community service.

Your six (6) hours of community service may be at one or more organizations. It should:

- Benefit a nonprofit community or organization, preferably in the Leeward Coast/Wai’anae community. (Kahe Point to Kaena).
 - Meet a legitimate community need
 - Have a significant impact on you
 - Not benefit a political campaign or religious activity.
 - Not be self, personal or family organized.
 - Not place the scholarship recipient in a position in which a relative or fellow recipient is a supervisor of the activity.
- If eligible for a future scholarship, community service of six (6) hours must be performed within twelve (12) months of scholarship award to qualify for a future award.
- Complete the attached form within 12 months of award and mail to:
Valley of Rainbows
Attn: Community Service Project
PO Box 1009
Wai’anae, HI 96792
- Suggested areas of service: Ask your teacher (school); churches, nonprofit/community events (Christmas Parades, Egg Hunts, Food Drives, Beach Clean Ups, etc.), Waianae Coast Comp. Health Center, Boys and Girls Clubs/NFL Yet, Scouting, City parks, hospitals, school activity (check with your counselor), Relay for Life events, Global Youth Service Day projects 4/14, 4/19 2016, (call to register) etc.

Remember! This is one of your first commitments as a young adult.

Please be sure to complete in the required time.

Making Dreams Come True, Valley of Rainbows

PO Box 1009 • Wai’anae, HI 96792

Phone: (808) 286-7869 E-mail: denice@valleyofrainbows.org

Updated 12/27/15 dkk

COMMUNITY SERVICE REPORTING FORM

Today's Date: _____

Awardee Last Name _____ First Name _____ Date of Award: _____

If community service is performed by another person, list name here: _____

Why is this person performing your community service project? _____

Your phone contact: _____ Email: _____

Valley of Rainbows Community Service Reporting Form

A total of six (6) hours must be completed within 12 months from the date of your award to be eligible for future awards from Valley of Rainbows. Please see attached for service guidelines and directions.

Organization name _____ Is this a 501.c.3 agency? Yes No

Type of organization _____ Agency Executive Director _____

Organization Site Address _____

Name of supervisor/point of contact _____ Phone _____

Signature of supervisor/point of contact _____ Date _____

REFLECTION STATEMENT – Share what you learned by doing this community service project:

DATE	Number of Hours Completed List times	Description of community project or service completed.
TOTAL		

CERTIFICATION I certify that this is an accurate and true record of the Community Service Report and that I performed the above stated service hours. I understand that any false statement may jeopardize my eligibility to receive future funding and I may be responsible to repay funds already disbursed to me.

Student Signature (required) _____

Signature of Parent/Guardian _____

Date _____



Submit completed Report form to:

Valley of Rainbows, Attn: Community Service, PO Box 1009, Wai'anae, HI 96792

Mail within 12 months from initial award to qualify for future award(s).

Office Use Only: Date form received: _____ Total hours completed: _____ Type of Service _____

___ Eligible for future award ___ Not qualified for future award because _____

___ If disqualified: Parents/Awardee contacted? Yes No Action: _____

VoR Signature _____

Date _____