Tuition Waiver – Women in the Workplace

Hawaii is filled with examples of inspirational women who have changed our State for the better. To honor those women who have dedicated their lives to benefit Hawaii, all women who enroll at Hawaii Medical College will have the opportunity to apply for a Tuition Waiver for the academic program.

Guidelines for being eligible for a Women in the Workplace Tuition Waiver:

- 1. The female applicant student must be enrolled in a degree-enhancing curriculum to be eligible to apply for a partial waiver of tuition. The waiver may only be applied to those program that lead to a degree.
- 2. All female applicants who apply for the Women in the Workplace tuition waiver must be eligible to receive Federal Student Aid and have a valid ISIR.
- 3. All recipients of the tuition waiver must:
 - a. maintain Satisfactory Academic Progress as defined in the catalog,
 - b. be attending at least ½ Time enrollment throughout their academic program, and
 - c. must forfeit any remaining eligibility if they withdraw, drop, or are dismissed during the 1st academic year of the tuition waiver.
- 4. The Women in the Workplace tuition waiver has a value of \$600 that is applied during each of 1st three academic sessions in the 1st academic year of an approved program.

Minimum criteria for consideration for the Women in the Workplace Tuition Waiver:

- 1. A written summary [*in the applicants' own words*] of one of the 29 prominent women in Hawaii history
- 2. A written summary of why they chose that prominent woman in Hawaii history and what that person inspired in them
- 3. A Copy of their High School Transcript showing a GPA of 2.5 or higher and a valid Hawaii Driver License

The waiver benefit does not limit the number of credit hours that may be taken each session but requires a minimum of 8 credits per session to maintain eligibility.

Registration for Academic courses must be completed at the time of acceptance for the 1st session available, and, the waiver will not become fully vested until the student completes 30 weeks of academic study, one academic year.

Application of the tuition waiver is applied after the Add/Drop period for each session eligible.



Tuition Waiver Application

- $\bullet \;\;$ Complete ALL applicable sections of the form in their entirety.
- Financial Aid Department will award remission in conjunction with other financial aid based on approved credit hours.
- If credit hours change please inform financial aid immediately. Any increase in credit hours require a revised form submission.

TO: ADMISSIONS DEPARTMENT

| HAWAII MEDICAL COLLEGE AC | ADEMIC YEAR: 2020 | | DATE: | |
|--|---|--|--|--|
| STUDENT: Print or type the information requ | uested below. You must <i>personally</i> sig | n the Waiver Statement | | |
| CERTIFICATION STATEMENT: I certify | | | ition fee waiver. | |
| OTHER DESIGNATION OF THE PROPERTY OF THE PROPE | | OTHER PROPERTY OF CHARACTERS O | | |
| STUDENT'S NAME | | STUDENT'S SIGN | ATURE | |
| STUDENT'S ADDRESS | CITY | STATE | ZIP | |
| AUTHORIZED OFFICIAL: Print or type Waiver Statement. | the information requested below and o | check the indicator(s) of econom | nic need. You must <i>personally</i> sign the | |
| CERTIFICATION STATEMENT: I certify stipulated below. | that the student named on this form i | is currently enrolled in Hawaii M | Medical College and meets the requirements as | |
| AUTHORIZED OFFICIAL'S NAME | 'HORIZED OFFICIAL'S NAME | | AUTHORIZED OFFICIAL'S SIGNATURE | |
| STUDENT PROGRAM START DATE | | AUTHORIZED OI | FFICIALS TITLE | |
| NAME OF SECONDARY EDUCATIONAL INSTITU | TION OR ORGANIZATION | GED, HIGH SCHO | OOL DIPLOMA or OTHER | |
| | | | | |
| GRADUATION DATE | | STUDENT DOB | | |
| STUDENT: The following information mu | st be reviewed and checked properly p | rior to submission of this form. | | |
| ☐ I hereby certify that I have read classes for the module for which ☐ By signing this form, I hereby of portion of this application will benefit and may be subject to d☐ FAFSA has been completed for | h tuition waiver is requested, I certify that the information corresult in rejection of the applic isciplinary action, up to and in | am eligible citizen of the santained is complete and actation and may result in for actuding discharge from actual dischar | State of Hawaii. ccurate. Falsification of any orfeiture of the tuition waiver | |
| PLEASE INDICATE APPLIC | · | | | |
| ☐ CMA DIPLOMA | | | | |
| ☐ CMA AAS DEGREE | | | | |
| ☐ HABC DIPLOMA | | | | |
| ☐ HABC AAS DEGREE ☐ PHARMACY TECHNICIAN | | | | |
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If requesting a transfer of credit hours applicable to the program of study Director of Education must approve.