



# MED-ASSIST SCHOOL OF HAWAII NON-RESIDENT GRANT APPLICATION FORM



Non-Resident Grant<sup>1</sup> of \$500 will be offered to any non-resident who recently relocated to Hawaii within one year of the start of their academic program.<sup>2</sup> This is a tuition discount program wherein the standard tuition is reduced by the value of the grant. It does not cover other costs such as books, supplies, and living costs, although should the student receive other forms of financial assistance (e.g. financial aid, other forms of grants or scholarships, etc.) to the extent that these resources become greater than the reduced tuition (as a result of this grant) and causes a credit in the student's billing account, a refund will be provided to the student which can then be used to pay for other expenses. This grant shall be awarded to any student who is considered a non-resident (*see definition to follow*) and who is regularly admitted (i.e. non-probation) to the Medical Assistant program of the Med-Assist School of Hawaii and who completes this application form. Non-Resident Definition: *Pertains to any individual who is not considered a resident of the State of Hawaii and who has resided in Hawaii for no more than one year from starting the Medical Assistant program. Examples of a non-resident include (but are not necessarily limited to) someone who has not filed a state income tax return, who does not own property in the State of Hawaii, and who does not own a business in the State of Hawaii.*<sup>3</sup>

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PREVIOUS ADDRESS:<sup>4</sup> \_\_\_\_\_

DATE YOU RELOCATED TO HAWAII: Month \_\_\_\_\_ Year \_\_\_\_\_

EXPECTED MED-ASSIST START DATE: Month \_\_\_\_\_ Year \_\_\_\_\_

**CERTIFICATION:** My signature below certifies that I understand the eligibility requirements for this grant and that I meet the definition of a “non-resident,” and that I understand the Non-Resident Grant is intended to produce graduates from the Med-Assist School of Hawaii. I understand that in the event I do not complete the academic program my grant, should I be so awarded, will be pro-rated by the ratio of the number of days I attended to the total number of days in the program.

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Signature

Date

**Return This Form To:**

**Med-Assist School of Hawaii**  
**345 Queen St., #400, Honolulu, HI 96813**  
**808-524-3363 (Tel), 808-524-1562 (Fax)**  
[info@mash.edu](mailto:info@mash.edu) [www.mash.edu](http://www.mash.edu)

<sup>1</sup>This grant is not combinable with the Med-Assist Neighbor Island Grant.

<sup>2</sup>Proof of exact relocation date may be requested for verification purposes.

<sup>3</sup>The term “non-resident” used in this definition is purely a terminology utilized by the Med-Assist School of Hawaii for the purposes of this grant and is not meant to otherwise reflect any other definition that this term represents within other contexts. Med-Assist reserves the right, for the purposes of this grant, to make the final determination of what constitutes a “non-resident.”

<sup>4</sup>Before relocating to Hawaii.