

Applicant Information Sheet

Provide the appropriate information. Responses, particularly the information regarding the type of organization, should align with responses provided in the applicant's Intent to Apply Packet.

Organization Name (applicant):

Proposed Authorizer Name (if different from organization name):

Primary Contact Name:

Primary Contact Address:

City/State/Zip:

Primary Contact Phone: (_____) _____ - _____

Primary Contact Email Address:

Type of Organization (check the appropriate box(es)):

- University of Hawaii Board of Regents

- Governing board of an accredited private postsecondary institution (check the appropriate institution type):
 - Community college
 - Technical college

- Four-year university
- Other accredited postsecondary institution (specify): _____

- County agency (check the appropriate county):
 - City and County of Honolulu
 - County of Hawai'i
 - County of Kauai
 - County of Maui

- State agency

- Governing board of a nonprofit or charitable organization exempt from federal taxes under section 501(c)(3) or 501(c)(6) of the Internal Revenue Code

Geographic Chartering Authority (check the appropriate box and provide applicable information):

Note: See the Eligibility section in the application document for information on which entities may apply for statewide, regional, and local chartering authority.

- Statewide chartering authority

- Regional chartering authority
 - Specify region (e.g., County of Hawai'i or Island of Maui):
 - _____

- Local chartering authority
 - Specify local area (e.g., Campbell-Kapolei Complex Area):
 - _____