

Aloha Scholarship Applicant,

Ka'ū Hospital Charitable Foundation is proud to sponsor scholarships for the 2024-2025 school year. Scholarships will be offered to high school or home-schooled graduating seniors, undergraduate college students and employees of Ka'u Hospital wishing to expand their education. Individual scholarship awards are \$1,000 (\$500.00 per semester) for students enrolled at any accredited trade school, 2-year or 4-year college to assist with tuition costs.

Applicants must be one of the following:

- employees of Ka'u Hospital
- be residents of Ka'ū district
- if attending an out-of-state college, applicant must be claimed as a dependent whose parent or legal guardian's principal residence remains in the district of Ka'ū.

Please thoroughly complete the application as requested and carefully follow all instructions. **Incomplete applications will not be considered.**

REFERENCES:

Please ask two persons, unrelated to you, who have known you long enough to form a judgment of your personal qualities, academic abilities and accomplishments to submit a letter of recommendation on your behalf.

TRANSCRIPT:

Please submit a certified copy of your most current high school or college transcript and attach to your application.

CURRENT PHOTO:

Please email a current quality photo of yourself to: kauhospitalfoundation@gmail.com.

Only hard copies of your application and supporting documents will be accepted (no electronic submissions). Please mail your application with attached grade transcript and essay to:

KA'U HOSPITAL CHARITABLE FOUNDATION SCHOLARSHIP COMMITTEE

P.O. Box 773

Pahala, Hawaii 96777

Any questions regarding this application can be directed to the Ka'ū Hospital Foundation Scholarship Committee via email: kauhospitalfoundation@gmail.com. Please be aware that it may take up to 24-36 hours for the Committee to respond to your email.

KA'U HOSPITAL CHARITABLE FOUNDATION
SCHOLARSHIP APPLICATION FORM

DATE: _____

APPLICANT'S FULL NAME: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS (if different than above): _____

TELEPHONE NO.: _____ EMAIL: _____

HIGH SCHOOL ATTENDED: _____ YEAR GRADUATED/GRADUATING: _____

CURRENT HIGH SCHOOL OR COLLEGE GRADE POINT AVERAGE: _____

NAME OF COLLEGE/TRADE SCHOOL ATTENDING: _____

FIELD OF STUDY/DEGREE: _____

Are you currently employed: Yes ___ No ___ POSITION/TITLE: _____

Name of current employer: _____

Number of Dependents: _____

PARENT/GUARDIAN INFORMATION (if under 18):

NAME: _____ Relationship: _____

ADDRESS: _____

APPLICANT & PARENT/GUARDIAN CONSENT TO USE NAME & PHOTOGRAPH

() I agree that Ka'u Hospital Charitable Foundation may use my name & photograph with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, social media and website content.

I have answered all the questions on this application to the best of my ability. I understand that in order to receive my scholarship funds I must provide the Ka'u Hospital Charitable Foundation with a formal "verification of enrollment" from my school before any funds will be released. I understand that I will not receive any funds until I am officially enrolled and attending classes at my school.

Applicant's signature: _____ Date _____

Parent or Legal Guardians signature: _____ Date _____

ESSAY #1 FOR KA'U HOSPITAL CHARITABLE FOUNDATION SCHOLARSHIP

NAME: _____ DATE: _____

Submit a short personal essay. Describe yourself, things you would like to do and the reason why you want to pursue a health care profession. Please include information about activities in which you have participated such as sports, clubs, full or part-time jobs, volunteer work, community service, academic awards, etc.). Please feel free to use a separate page for your essay.

(PLEASE RETURN WITH APPLICATION)

ESSAY #2 FOR KA'U HOSPITAL CHARITABLE FOUNDATION SCHOLARSHIP

NAME: _____ DATE: _____

Submit a short personal essay. Please explain what your career goals are after you receive your degree and graduate. Please feel free to use a separate page for your essay.

(PLEASE RETURN WITH APPLICATION)

ESSAY #3 FOR KA'U HOSPITAL CHARITABLE FOUNDATION SCHOLARSHIP

NAME: _____ DATE: _____

Submit a short personal essay. Please explain how you intend to give back to the Ka'ū District community after you graduate. Please feel free to use a separate page for your essay.

(PLEASE RETURN WITH APPLICATION)

LETTER OF RECOMMENDATION FOR KA'U HOSPITAL CHARITABLE FOUNDATION
SCHOLARSHIP

APPLICANT NAME: _____

ADDRESS: _____

Please elaborate on the applicant's personal qualities, academic abilities/achievements;
reasons why the applicant is good candidate for a health care profession and your reasons why
applicant should be selected for the scholarship

Completed by: _____ Date: _____

Address: _____

Phone: _____