Lunalilo Scholars and Kapo’oloku Common Scholarship Application  

2016 – 2017

By filling out this common application, you are applying for both the Lunalilo Scholars Program and the Kapo’oloku Tuition Waiver Program. Every common application must be accompanied by a referral. Examples of a Referrer are Teachers, Counselors, coaches, social workers, advocates, pastors or mentors. Applications without a referral are considered incomplete and will not be reviewed. Every complete application will be reviewed and considered for the scholarship and program that best fits the student’s needs.

For help in completing this form, or for more information about this project, you can contact us by email at lunalilo@hawaii.edu, or if you would like to speak to someone you can contact either, LaVache Scanlan, Director of the Lunalilo Scholars Program at (808) 734-9371 or Michaelyn Nakoa, Coordinator of the Kapo’oloku Program at (808) 734-9714.

Deadline

Online applications and referral forms can be submitted until 11:59pm on May 30, 2016. Paper applications and referral forms must be postmarked by May 30, 2016 to be considered.

To submit an online application or referral form, go to:  
http://fye.kapiolani.hawaii.edu/lunalilo-scholars-2/  OR  
https://www.kapiolani.hawaii.edu/campus-life/student-services/kapooloku-program/

Applications submitted after the deadline may be considered for the wait list. Applications submitted without referral forms will NOT be considered.

Note to Applicant

If you are awarded either scholarship, you are REQUIRED to attend a program orientation in June (TBD) and the 10-day Summer Bridge Program (3 college credits) from August 1 - August 12, from 8:00am - 4:30pm daily (except weekends). Failure to complete requirements will deem you ineligible and affect future awards.

Students accepted into either program must have a high school diploma or have a GED by August 2016 and be a state resident as determined by the University of Hawai’i System Application Form and be enrolled at Kapi’olani Community College for the 2016-2017 academic year. You DO NOT need to be accepted to Kapi’olani Community College before applying for this program.

A referral form must be submitted on your behalf or your application will NOT be considered.

If you do not receive an email response acknowledging your completion of this application, please contact us immediately. There could have been an error in submitting your application.

Applicants will be notified of the status of their application by June 30, 2016.

Mail this form to:  
Kapi’olani Community College  
c/o LaVache Scanlan  
4303 Diamond Head Road, ʻIlima 205  
Honolulu, HI 96816
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2016 – 2017

Application
All questions are required. There are no right or wrong answers to the questions, so please answer them truthfully and to the best of your ability.

*Please print legibly.

Personal Information

Name of Applicant: ______________________________________________________________
   Last, First, Middle

Previous Names Used (Maiden name, etc.): _______________________________________

Year of Birth: ________________

University of Hawai‘i Identification Number: ________________________________

Personal Email: ____________________  UH Email: ____________________________
(Such as Gmail/Yahoo that you check regularly) (If applicable)

Home or Cell Phone Number: __________________________
(A working number in which we can contact you if further information is necessary to complete your application)

Mailing Address (Street or PO Box): ____________________________________________

City: _____________________________ State: ___________________ Zipcode: ____________

To which ethnic group(s) do you most identify? (Check all that apply)

☐ African-American (non-Hispanic)  ☐ Asian
☐ Caucasian (non-Hispanic)  ☐ Chamorro
☐ Hawaiian/Part-Hawaiian  ☐ Latino or Hispanic
☐ Micronesian  ☐ Native American or Aleut
☐ Samoan  ☐ Tongan
☐ Other ____________________________

Is your Hawaiian Ancestry reflected on your Kapi‘olani Community College Record?
(To verify/update your ethnicity on record, login to MyUH (https://myuh.hawaii.edu). Select the Student Services LINK on the left menu; then select Personal Information TAB; and finally, select View My Ethnicity and Race Information LINK).

☐ Yes  ☐ No  ☐ Not Sure
High School and College Information

Name of high school graduated from or will graduate from:
(If completing a GED, give name of Community School or Program).

__________________________________________________________________________________________

Graduation Date, Expected Graduation Date, or GED Completion Date: _________________

Did you apply to Kapiʻolani Community College?
☐ Yes
☐ No

If you applied to Kapiʻolani Community College, have you registered for your first semester courses?
☐ Yes
☐ No

Have you applied to any other Community College or University?
☐ Yes
☐ No

List all Colleges or Universities you have applied to:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Will you be the first in your family to attend college?
☐ Yes
☐ No
Personal Questions
(If you need more writing space, feel free to use a separate sheet of paper).

Why do you want to attend college?

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What are the barriers in your life?
What events or circumstances will make it difficult for you to attend college or have made it difficult for you to attend college in the past?

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What are your fears and worries of becoming a college student?

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How would a program like this help you pursue a college degree?
Please provide any additional information that would help the scholarship committee to understand your current life situation and how this program could benefit you.

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Please share with us the personal experience that show the culture, values, knowledge, practices and/or protocols that you identify with.
Examples like pounding mochi because it connects you to your ancestors.

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Referral Form

A completed referral form is required to be submitted by someone, such as a teacher, counselor, pastor, coach, etc.

Without it, your application will NOT be considered. The referrer can submit the online referral form or complete the printed form and mail it. The online form must be completed by 11:59pm on May 30, 2016 or postmarked by May 30, 2016.

First and Last Name of Referrer:
(The person submitting the Referral Form on your behalf).

________________________________________________________________________________________________________

What is your relationship with your referrer?
(The person submitting the Referral Form on your behalf).

☐ Teacher
☐ Counselor
☐ Pastor
☐ Coach
☐ Other: __________________________

Other Information

Did you complete the FAFSA (FREE Application for Federal Student Aid)?

☐ Yes
☐ No

Have you applied for other scholarships?

☐ Yes
☐ No

Are you a resident of Hawai‘i?

☐ Yes
☐ No

Do you live on the island of ‘Oahu? If no, will you by August 1?

☐ Yes
☐ No

I will be able to attend the MANDATORY 10-day (all-day) Summer Bridge Program.
A reply of “NO” means your application will NOT be considered.

☐ Yes
☐ No

I agree that the information I have provided in this form is true and correct:

Signature: ___________________________ Date: _________________