



HEALTH CAREER PROGRAMS SCHOLARSHIP APPLICATION

Scholarship Student Eligibility: For Health Careers program majors only

Fall semester: DENT, EMT, MEDA, MLT (2nd year), MICT, OTA, PTA, RAD, and RESP

Spring semester: EMT and MLT (1st year)

Application Period

Between the first day of classes of the Fall and Spring semesters till the second Friday of the semester

Selection and Award

All awards are based on funding availability

Fall semester selections will be determined by the end of September

Spring semester selections will be determined by early February

Submit the completed application and supporting documents (a copy of your current STAR Transcript and essay) via [UH File Drop](#) to hlthsci@hawaii.edu by the deadline (See UH File Drop instructions on page 5). ***NO LATE APPLICATIONS WILL BE ACCEPTED***

Application Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Hawaii.edu email address _____

UHID: _____ Date of Birth _____

Current Health Science/EMS Major _____ Is this your first degree? _____



Degree Information

Expected graduation date _____ Degree or Certificate Type _____
Semester Year

Cumulative **Major** GPA _____ Cumulative **KCC** GPA _____ How many credits are you currently enrolled in _____

Educational Background – Previous School Attended Including High School

School Name	City & State	Degree Received	GPA	Start Date	End Date

Additional Information

The following information will be used to determine if you can be considered for special interest scholarships (scholarship with specific criteria over and beyond what is requested in the application). We recommend that you answer the questions so that you may automatically be considered for them. Completion of this section is optional.

Did you file a FAFSA? Yes No
 If you are a Liberal Arts major specify your discipline:
 Do you speak Korean? Yes No
 Graduate of Kaimuki High School? Yes No
 Are you a single parent? Yes No
 Are you Native Hawaiian? Yes No
 Did you participate in Community/School service activities? Yes No



Community Service & Employment Activities

Please provide information regarding your employment and community service activities as follows. If you do not have any employment and/or community service activities, please indicate "none."

Employer/Community Service Agency	Position Held	Start Date	End Date

Essay

Attach a personal statement demonstrating/discussing your program major, and commitment to the improved provision of health services in your career pathway, in Native Hawaiian communities, and the state of Hawaii.

Include any other information that makes your situation unique, such as your education cost, living expenses, family responsibilities, etc. that may assist the scholarship committee.

Maximum length: 3 pages double spaced



To use the [UH File Drop](#), follow the directions below:

1. Log in as a UH User
2. In the recipient field, type: hlthsci@hawaii.edu
3. Click in the drop-down menu in the expiration timer, **change it to 14 days**
4. In the “Optional Message” field, enter “Health Careers Scholarship Application”, FULL NAME, and PROGRAM you are in
5. After you’ve completed the Recipient field, extended the expiration timer, typed in the Optional Message, click Proceed.
6. Click the Choose File button to browse for your Application, Essay, and Unofficial Transcripts. Please write a description of the file in the Description box (i.e. application, transcripts, etc.)

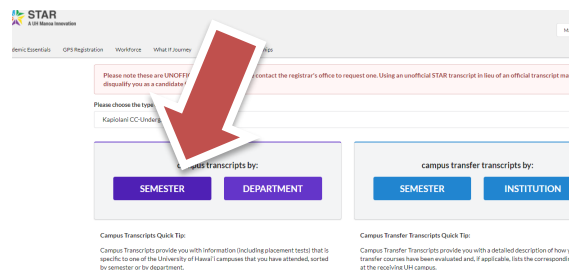
Scholarship Application Checklist

Application

Essay

Unofficial Transcripts

*Please attach University of Hawaii system transcripts Campus Transcripts by semester, which should include your enrollment in the current semester and KCC GPA.



7. Click the Start Upload button.
8. You will be redirected to a confirmation page with the link to your uploaded file. You’re finished.