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.

<u>Maximum length:</u> 3 pages double spaced

Acknowledgement & Certification Statement

By submitting this application, I certify that the information contained herein is true and complete to the best of my knowledge. I authorize Kapi'lani Community College to release information about my academic progress including official transcripts to the scholarship selection committee. If awarded a scholarship, I agree that funds received will be used for education and related expenses. I understand that if I am a Financial Aid recipient an adjustment to my award(s) may be necessary to reflect the increase of my financial resources. I agree to return the award if I fail to attend Kapi'olani Community College. I further agree to acknowledge receipt of the scholarship funds in writing to the donor of the scholarship, a copy provided to the Office of the Chancellor and to provide verification of my registration for the semester my award is based upon.

Upon receiving a scholarship, I will write a thank you letter to the donor. I will attend the scholarship dinner if notified by the UH Foundation office.

X_____   _____

      Applicants Signature   Date

SUBMIT THIS APPLICATION, ESSAY, and UNOFFICIAL TRANSCRIPS
via UH File Drop to hlthsci@hawaii.edu during the application period.

Please do not contact the Health Careers Counseling Center for status of your application. All scholarship notifications will be sent to your Program Director for dissemination.

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

1. Log in as a <u>UH User</u>

2. In the recipient field, type: hlthsci@hawaii.edu

3. Click in the drop-down menu in the <u>expiration timer</u>, **change it to 14 days**

4. In the "Optional Message" field, enter "<u>Health Careers Scholarship Application</u>", <u>FULL NAME</u>, and <u>PROGRAM</u> you are in

5. After you've completed the <u>Recipient </u>field, extended the <u>expiration timer</u>, typed in the <u>Optional Message,</u> click Proceed.

6. Click the <u>Choose File</u> 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.)
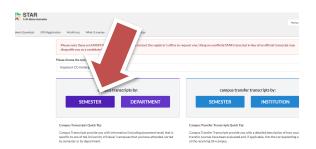
   <u>Scholarship Application Checklist</u>

   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 <u>Start Upload</u> button.

8. You will be redirected to a confirmation page with the link to your uploaded file. You're finished.