

### **Lunalilo Scholars Program Application**

2022 - 2023

To submit an online application instead, go to: <a href="https://scholarsapp.com/scholarship/lunalilo-scholars-program">https://scholarsapp.com/scholarship/lunalilo-scholars-program</a>

By filling out this application, you are applying for the Lunalilo Scholars Program. Preference is given to Native Hawaiian applicants. Every application must be accompanied by a referral. Examples of a Referrer are teachers, counselors, coaches, social workers, advocates, pastors or mentors. Referrals cannot be from parents, relatives or friends.

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

#### **Deadline**

**Complete applications** (application received or postmarked by April 15, 2022 and referral forms received or postmarked by April 22, 2022) will be reviewed first. April 22, 2022. We hope to fill as many spots as possible and notify students by May 27, 2022, if they have been accepted; however, we will leave the application open until June 3 or reach 76 students. Referral forms will be accepted until June 3. Applications submitted without referral forms will NOT be considered. Applications submitted after the deadline may be considered for the waitlist. A second round of applications may be considered if there is not a sufficient number of 1st round applicants.

#### **Note to Applicant**

If you are awarded this scholarship, you are **REQUIRED** to attend a Program Orientation and a Summer Bridge Program. Failure to complete requirements will deem you ineligible to receive the scholarship.

Students accepted into this program must be a 2022 high school graduate **OR** have a high school diploma **OR** have a GED by August 1, 2022.

Students accepted into this program must be a state resident as determined by the University of Hawai'i System Application Form. You DO NOT need to be accepted to Kapi'olani Community College before submitting this application, but you MUST be accepted to Kapi'olani Community College for the 2022 - 2023 Academic Year and KCC must be your home campus to receive the scholarship. In order to receive this scholarship you must be living on 'Oahu for the 2022 - 2023 Academic Year. Students cannot commute from other islands and/or take all classes online with this scholarship.

Please check the email and phone number you list on this application regularly, in the event that we need to contact you about your application or referral. **Applicants will be notified of the status of their application by email by May 27, 2022.** 

#### Mail or email this form to:

Kapi'olani Community College c/o LaVache Scanlan, Lunalilo Scholars Program 4303 Diamond Head Road, 'Ilima 205 Honolulu, HI 96816 lunalilo@hawaii.edu



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**Directions:** All questions are required. There are no right or wrong answers to the questions, so please just answer them truthfully and to the best of your ability. Please do not leave any questions blank. \*Please print legibly.

<u>Demographic Information</u>	
Name of Applicant:	
Last, First, Middle	
Previous Names Used (Maiden name,	etc.):
Year of Birth (19XX):	
Personal Email:	UH Email:
Personal Email:(Like Gmail/Yahoo that you check regularly	) UHusername@hawaii.edu(If you applied and have been accepted)
Home or Cell Phone Number:	
(A working number in which we can conta you of your application status)	ct you if further information is necessary to complete your application or to notif
Mailing Address (Street or PO Box): _ (Make sure this is an address where you che	eck the mail regularly)
City: Sta	te: Zip Code:
To which ethnic group(s) do you mos	t identify? (Check all that apply)
☐ African-American	☐ Micronesian
Asian	☐ Native American or Aleut
Caucasian	☐ Pacific Islander
☐ Filipino	☐ Samoan
Hawaiian/Part-Hawaiian	☐ Tongan
☐ Latino or Hispanic	□ Other
Which of the following most accur	rately describes you? (Check all that apply)
☐ Male	□ Intersex
☐ Female	☐ Other
☐ Non-binary	☐ I prefer not to say
☐ Transgender	



## **High School and College Information**

☐ No

ame of high school graduated from or will graduate from: f completing a GED, give the name of Community School or Program).
raduation Date, Expected Graduation Date, or GED Completion Date:  Example: 05/2013
st all Colleges or Universities you have applied to:
Vill you be the first in your family to attend college (this means neither of your parents earned a bachelor egree)?  ☐ Yes ☐ No
'ill this be the first time you are attending college?  ☐ Yes ☐ No
this is NOT your first time attending college, what college(s) did you attend before?  f you participated in a Dual Credit or Early College Program, list the college you attended. For example, Leeward Community ollege.)
you attended college before, did you earn a degree?  Yes No
ther Information
re you a resident of Hawai'i? If you are not a resident you should still apply. We might be able to support you in ecoming a resident.  Yes  No
o you live on the island of 'Oahu? Or will you be living on 'Oahu by August 4, 2022? In order to receive this cholarship you must be living on 'Oahu for the 2022-2023 academic year and be attending Kapi'olani Community bllege.



Do you currently live with family?
Yes
□ No
If yes, do they support your decision to attend college?
Yes
□ No
Please check all the barriers you expect or know you will face during your first year of college. Check ALI that apply. Barriers will not prevent you from receiving this scholarship.                Housing or Homelessness
☐ Food insecurity ☐ Transportation (being able to get to glosses at Kapi'alani Community College)
☐ Transportation (being able to get to classes at Kapi'olani Community College)
☐ Your home location is a far commute from Kapi'olani
☐ Work schedule to support family needs is more than 20 hours per week You have to work full-time
☐ You have to work full-time
Childcare (finding childcare for your children or paying for childcare)
You are responsible for caring for members of their household
☐ Computer skills (basic email and word processing)
☐ Internet access at home
☐ Computer access at home
☐ Math skills
☐ English/writing skills
☐ English is not your first language
☐ Special accommodations (physical, learning, etc.)
□ Other:
Of the barriers you listed in the previous question, which one is your top priority or the one you are most worried about?

**Personal Questions** (If you need more writing space, feel free to attach a separate sheet of paper).

Why do you want to attend college? What are your life or personal goals and/or career goals? How do you think college will help you achieve these goals?

What life events or circumstances make it difficult for you to attend college or have made it difficult for you to attend college in the past? Share any additional information that would help the scholarship committee to understand your current life situation and how this program could benefit you. This is not a typical scholarship because we provide personal support during your first year; therefore sharing your barriers will help us identify if you qualify for the program.

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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. Referral forms from parents, relatives, or friends will **NOT** be accepted. Please make sure that your Referrer is willing to complete the Referral Form and that you have his/her correct email address and phone number listed. Without it, your application will NOT be considered.

Online referral forms should be submitted by the priority date of **Friday, April 22, 2022 (one week after your application is due)**. Paper referral forms must be postmarked by the priority date of **Friday, April 22, 2022**. Referral forms will be accepted until June 3.

To submit an online referral form, you must complete the online application, so that an online referral form will be sent to your referrer.

First and Last Name of Referrer: (The person submitting the Referr	ral Form on your behalf).
Referrer Email Address: (In the event we need to contact him/her)	
Referrer Phone Number: (In the event we need to contact him/her	)
What is your relationship with your referrer? (The person submitting the Referral Form on your behalf).	
Teacher	Coach
☐ Counselor ☐ Pastor	Other: (The person cannot be a parent, relative, or friend)
Mandatory Requirements for Scholarship	
1. Program Orientation	
Your date will be sent with your acceptance letter.	
2. Summer Bridge Program/IS 108 Course (you earn 3 colle	ege credits for this course)
MANDATORY Summer Bridge Program will take place between	,
options and will try to accommodate your preference. Please	check one of the following options:
☐ I prefer my class to be online (I have to be availab ZOOM); the class will be Monday through Friday for 3	
☐ I prefer my class to be in-person at the KCC campu weekends) from 8:00am to 4:30pm daily.	us; the class will be held for 7 days (excluding
3. Math Brush-Up	
MANDATORY Math Brush-Up will be held via Zoom and will t	take place between June 13 and August 12.
I agree that the information I have provided in this form is cor the program orientation, summer bridge program, and math br	<u>-</u>
Signature:	Date: