



*May – June - July
2018*

The Kona Community Hospital Auxiliary takes pride in our support of nursing students and invites you to complete the attached Nursing Scholarship application in the hope that you may qualify to join the dozens of nursing students to whom we have provided financial assistance in the past.

The scholarships are awarded subject to the following limitations and restrictions:

1. There shall be no restrictions on recipients because of race, color, sex, religion, national origin or sexual orientation.
2. Applicants must have already been admitted to an accredited School of Nursing.
3. Registered Nurses pursuing other nursing degrees are not eligible to apply.
4. Consideration will be given to financial need.
5. The scholarship will be continued for a second year upon receipt of transcripts showing that the recipient has been a full time student as defined by the School of Nursing and has maintained a minimum 3.0 grade point average.
6. The scholarship amounts will be \$2,000 for 2018.

To apply, all of the following must be postmarked no later than Wednesday, June 20, 2018.

1. A completed application. Please make sure that **every** question is completely answered as it pertains to your circumstances. Incomplete applications may receive a less favorable rating or may not be considered at all.
2. A resume outlining your previous experience.
3. A personal essay of up to a maximum of 500 words.
4. Two (2) letters of recommendation from persons other than relatives mailed by the writer directly to the address on the Letter of Recommendation form. The applicant should not mail these letters.

5. Official college transcripts mailed directly from the college to Stephanie Irwin at Kona Community Hospital. Unofficial transcripts or transcripts sent with the application are not acceptable.
6. The Letter of Acceptance from the nursing school where you have been admitted.
7. Complete and submit the page with Parts II, IX and X.

The Scholarship Committee will invite candidates who have submitted all of the required materials by the due date for a personal interview. The interviews are scheduled for Thursday, July 5, 2018

Application materials may be hand-delivered to the Kona Community Hospital Education Department or mailed to:

Kona Community Hospital
Attention: Stephanie Irwin, RN, Education Dept.
79-1019 Haukapila Street
Kealahou, HI 96750

If you have questions, please call Stephanie Irwin, RN at 808-322-4560.

We wish you the very best in the pursuit of your studies and in your career.

With Aloha,

Molly Morgan
Scholarship Committee Chair
Kona Community Hospital Auxiliary

Please see below for further information

Nursing Scholarship Application
Personal Essay
Letters of Recommendation (2)



Nursing Scholarship Application

PART I – PERSONAL INFORMATION

All questions as they relate to the applicant must be completed. Failure to complete all segments may result in not being considered or in a less favorable rating.

Last First Middle

Permanent Mailing Address: _____
Number/Street (Or P.O. Box) City State Zip Code

Phone: (Home) _____ (Cellular) _____ (Work) _____

Age: _____ Date of Birth: _____ Birth Place: _____

Marital Status: Single _____ Married _____ Divorced _____ Widowed _____

Employed by: _____ Position: _____

Own Income (gross annual salary) _____ Savings: _____ Other: _____

Parent, Guardian, or Spouse: _____
Name Relationship

Spouse's gross annual income (Or parents if applicant is considered a dependent) _____

Other sources of assistance or income (including all loans and scholarships): _____

Monthly fixed expenses: _____

Applicant's dependents: _____ Check here if "zero" dependents: _____

Age: _____ Name: _____ Relationship: _____

Age: _____ Name: _____ Relationship: _____

Age: _____ Name: _____ Relationship: _____

Age: _____ Name: _____ Relationship: _____

List your involvement in the following: community activities, organizations, clubs, educational achievements, awards and honors. (Attach separate sheet if needed)

PART II – EDUCATION

Name of school of nursing where applicant has been accepted: _____

High school attended: _____ Year high school diploma was received _____

List any additional education: _____

PART III – LETTER OF ACCEPTANCE

Submit the **original** Letter of Acceptance from the nursing school with this application. (The Scholarship Committee will make a copy and return the original to the applicant at the interview appointment.)

PART IV – RESUME

Attach a resume outlining your previous experience.

PART V - ESSAY

Complete a short personal essay describing yourself, things you would like to do in your career and why you chose this profession.

PART VI – REFERENCES

Provide two letters of recommendation from persons other than relatives (**mailed directly by the person providing the recommendation**) to the address on the *Letter of Recommendation* form).

PART VII – TRANSCRIPTS

Request that **official** college transcripts be mailed directly to: Kona Community Hospital, Attention: Stephanie Irwin, RN, Education Dept., 79-1019 Haukapila Street, Kealahou, HI 96750

PART VIII – SIGNATURE AND SUBMITTAL

Sign and submit all application materials (application, Letter of Acceptance, resume, and essay) postmarked no later than **June 20, 2018**. Ensure that both letters of recommendation and transcripts are postmarked no later than **June 20, 2018**.

PART IX – INTERVIEW

Plan to be available for a personal interview with the Scholarship Committee on **Thursday, July 5, 2018**. (The applicant will be called with a specific interview time.) Notification of selection will be within two (2) weeks of the interview date.

I have completed this application truthfully to the best of my ability and have completed all parts required by the Kona Community Hospital Auxiliary for the 2018 Nursing Scholarship. If selected for this scholarship, I agree to abide by all the rules and restrictions related to this scholarship and further agree to maintain good academic standing as a representative of the scholarship.

Signature of Applicant

Date

PART X - CONSENT FOR PUBLICITY PHOTO

If selected as a scholarship recipient, I hereby consent to having my picture taken for publicity purposes for the Kona Community Hospital Auxiliary’s Nursing Scholarship Program.

Signature of Applicant

Date



Nursing Scholarship Application

Personal Essay

Name: _____ Date: _____

Submit a short personal essay (of up to a maximum of 500 words) to describe yourself, things you would like to do in your career, the field of nursing you prefer, and why you chose this profession. Please submit with your application. Either handwritten or typed is acceptable.



Nursing Scholarship Application

Letter of Recommendation

Applicant's Name: _____ Date: _____

Please elaborate on the applicant's personal qualities, academic abilities, achievements, reasons why the applicant is a good candidate for a career in the nursing field, and your reasons why he/she should be selected for this scholarship.

Completed by: _____ Relationship to applicant: _____

Address: _____ Phone: _____

Note: This Letter of Recommendation must be postmarked by Wednesday, **June 20, 2018** in order for this applicant to be considered for a scholarship. Please mail this recommendation letter directly to: Kona Community Hospital

Attention: Stephanie Irwin, RN, Education Dept.
79-1019 Haukapila St.
Kealahou, HI 96750



Nursing Scholarship Application

Letter of Recommendation

Applicant's Name: _____ Date: _____

Please elaborate on the applicant's personal qualities, academic abilities, achievements, reasons why the applicant is a good candidate for a career in the nursing field, and your reasons why he/she should be selected for this scholarship.

Completed by: _____ Relationship to applicant: _____

Address: _____ Phone: _____

Note: This Letter of Recommendation must be postmarked by Wednesday, **June 20, 2018** in order for this applicant to be considered for a scholarship. Please mail this recommendation letter directly to: Kona Community Hospital

Attention: Stephanie Irwin, RN, Education Dept.
79-1019 Haukapila St.
Kealahou, HI 96750