



*May – June - July 2017*

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. Preference will be given to residents of West Hawaii at the time of application (areas from Honokaa and Kohala south to Kau.).
3. Applicants must have already been admitted to an accredited School of Nursing.
4. Registered Nurses pursuing other nursing degrees are not eligible to apply.
5. Consideration will be given to financial need.
6. 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.
7. The scholarship amounts have previously been up to \$2,000 per year.

To apply, all of the following must be postmarked no later than Saturday, July 1, 2017.

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 Friday, July 21, 2017

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: \_\_\_\_\_

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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: \_\_\_\_\_

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**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 **July 1, 2017**. Ensure that both letters of recommendation and transcripts will be postmarked no later than **July 2, 2017**.

**PART IX – INTERVIEW**

Plan to be available for a personal interview with the Scholarship Committee on **Friday, July 21, 2017**. (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 2017 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, **July 1, 2017** 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



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