



APPLICATIONS: 2023

Dear Nursing Student:

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 \$2,000.00 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 submission 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.

To apply, all of the following must be received no later than **Thursday, June 15, 2023**.

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 or emailed directly from the college to Missy Sykes at Kona Community Hospital.
6. The Letter of Acceptance from the nursing school where you have been admitted.

The Scholarship Committee will invite candidates who have submitted all of the required materials by the due date for a personal interview. The interview dates will be determined after all applications have been received.

All application materials may hand-delivered to the Kona Community Hospital Education Department or mailed to:

Kona Community Hospital
Attention: Missy Sykes
79-1019 Haukapila Street
Kealahou, HI 96750

Or submitted electronically via email to:
KCHAuxiliaryScholarship@hhsc.org

If you have any questions, please email: KCHAuxiliaryScholarship@hhsc.org attention Missy Sykes.

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

With Aloha,

Christy Feke
Kona Community Hospital Auxiliary President



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 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 (2) 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** transcripts be mailed directly to: Kona Community Hospital, Attention: Director of Education, 79-1019 Haukapila Street Kealahou, HI 96750, or submitted electronically to KCHAuxiliaryScholarship@hhsc.org.

PART VIII – SIGNATURE AND SUBMITTAL

Sign and submit all application materials (Application, Letter of Acceptance, Resume and Essay) **received no later than June 15, 2023.**

Ensure that both Letters of Recommendation and Transcripts will be **received no later than June 15, 2023.**

PART IX – INTERVIEW

Plan to be available for a personal interview with the Scholarship Committee **during the last week of June 2023** (Applicant will be called with a specific interview time). Notification of selection will be within one (1) week 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 2023 Nursing Scholarship. If selected for this scholarship, I agree to abide by all the rules and restrictions to this scholarship, to maintain good academic standing as a representative of the scholarship, and to refund, in full, the funds received if I do not enroll in a nursing program by the start of the upcoming academic year.

Signature of Applicant

Date

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

Applicant's 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 this 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 received by **Thursday, June 15, 2023** in order for this applicant to be considered for a scholarship.

Please mail this letter of recommendation directly to:

Kona Community Hospital
Attention: Missy Sykes
79-1019 Haukapila Street
Kealahou, HI 96750

Or submit electronically via email to:

KCHAuxiliaryScholarship@hhsc.org

If you have any questions, please email: KCHAuxiliaryScholarship@hhsc.org attention to Missy Sykes.



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 received by **Thursday, June 15, 2023** in order for this applicant to be considered for a scholarship.

Please mail this letter of recommendation directly to:

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