

Surgical Technology Program 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 – PROOF OF HAWAII RESIDENCE

Hawaii Driver’s License will suffice.

PART III – EDUCATION

College/University where applicant completed Associates Degree: _____

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

List any additional education: _____

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 (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** college transcripts be mailed directly to: Kona Community Hospital, Attention: Ronda (Stormy) Armstrong, CST, 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 Monday, June 01, 2026.**

Ensure that both Letters of Recommendation and Transcripts will be **postmarked no later than Monday, June 1, 2026.**

PART IX – INTERVIEW

Plan to be available for a personal interview with the Surgical Technology Program Committee on **June 24, 2026 and June 25, 2026.**

(The 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 Surgical Technology Program Committee

Signature of Applicant

Date

PART X – CONSENT FOR PUBLICITY PHOTO

If selected as a Surgical Technology student of the 2026 program, I hereby consent to having my picture taken for publicity purposes for the Kona Community Hospital Surgical Technology Program.

Signature of Applicant

Date

Surgical Technology Program 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 with your application. Either handwritten or typed is acceptable.

Surgical Technology Program Application

Letter or 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 **Monday, June 1, 2026** in order for this applicant to be considered for a scholarship. Please mail this recommendation letter directly to:

Kona Community Hospital
Attention: Ronda (Stormy) Armstrong, CST,
Education Dept.
79-1019 Haukapila St.
Kealahou, HI 96750

Surgical Technology Program 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 **Monday, June 1, 2026** in order for this applicant to be considered for a scholarship. Please mail this recommendation letter directly to:

Kona Community Hospital
Attention: Ronda (Stormy) Armstrong, CST,
Education Dept.
79-1019 Haukapila St.
Kealahou, HI 96750

Surgical Technology Program Application

Pre-Requisite Courses

Applicant's Name: _____ Date: _____

In conjunction with the University of Hawaii network, all courses below have been confirmed and deemed synonymous / transferrable in credit hours amongst all campuses. These courses are mandatory pre-requisites for the Surgical Technology Program. Please contact your preferred University of Hawaii campus to discuss course completion efforts. Contact information provided below for the Hawaii Community College – Palamanui Campus.

Mandatory Associate Degree Pre-requisite Courses:

- ENG 100 – Composition I (3 Credits)
- MATH 100 or Higher – Survey of Mathematics or Higher (3 Credits)
- MICR 130/140L – Microbiology / Lab (3 Credits / 1-2 Credits)
- PHYL 141 /141L – Human Anatomy & Physiology I /Lab (3 Credits / 1 Credit)
- PHYL 142 / 142L – Human Anatomy & Physiology II / lab (3 Credits / 1 Credit)
- PSY 100 or SOC 100 – Survey of Psychology or Survey of Sociology 100 (3 Credits)
- SP 151 or SP 251 – Personal and Public Speech or Public Speaking (3 Credits)
- HLTH 125 Survey of Medical Terminology (1 CR.)

Contact Information for Student Services / Counseling Office
Hawaii Community College – Palamanui Campus

1. Kenoa Dela Cruz

noa@hawaii.edu
808-934-2658

2. Precious Atendido

pmalejo@hawaii.edu
808.969.8862

Surgical Technology Program Application Informational Session

Applicant's Name: _____ Date: _____

Please bring this form to the informational session for the Surgical Technology Program Coordinator (STPC), Ronda "Stormy" Armstrong, to initial and date confirming your attendance.

1. Informational Session – **Monday, May 04, 2026 8 am** or

Applicant Initials: _____ Date: _____

STPC Initials: _____ Date: _____

2. Informational Session – **Tuesday, May 05, 2026 4 pm**

Applicant Initials: _____ Date: _____

STPC Initials: _____ Date: _____

Program Checklist reviewed during Informational Session:

1. Current Health Physical (no greater than 3 months of application deadline of **June 1, 2026**.)
2. Personal Health Insurance
3. Once accepted into the program these items will be completed in orientation: Signed Certificates and Statements (HIV/AIDS certificate, HIPAA certificate, CPR certification, and Kona Community Hospital Confidentiality Statement)
4. Surgical Technology Student Handbook Review Form (Completed in orientation)
5. Immunization Records (Turned in during orientation)
 - a. 2 Dose of MMR
 - b. 2 Dose of Varicella
 - c. 2 Dose of Hep B
 - d. Tdap (within past 10 years)
 - e. Current year Influenza Vaccine
 - f. 2 Step TB Skin Test