



## APPLICATIONS: 2026

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 postmarked no later than **June 5, 2026.**

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 Melissa 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: Sarah Gauron**  
79-1019 Haukapila Street  
Kealahou, HI 96750

If you have any questions, please contact: Sarah Gauron - [sgauron@hhsc.org](mailto:sgauron@hhsc.org)

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

With Aloha,

**Marty Moran**  
Kona Community Hospital Auxiliary President



# Nursing Scholarship Application

## PART 1 - 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 (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: Sarah Gauron, 79-1019 Haukapila Street Kealahou, HI 96750.

Official transcripts can be emailed to [KCHAuxiliaryScholarship@hhsc.org](mailto:KCHAuxiliaryScholarship@hhsc.org)

## PART VIII- SIGNATURE AND SUBMITTAL

Sign and submit all application materials (Application, Letter of Acceptance, Resume and Essay) postmarked no later than **June 5, 2026**. Ensure that both Letters of Recommendation and Transcripts will be postmarked no later than **June 5, 2026**.

## PART IX - INTERVIEW

Plan to be available for a personal interview with the Scholarship Committee **during June 23 and 24, 2026** (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 the 2026 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, infill, the funds received if I do not enroll in a nursing program by the start of the upcoming academic year.*

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Signature of Applicant

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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.

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Signature of Applicant

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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 postmarked by **June 5, 2026** in order for this applicant to be considered for a scholarship. Please mail this letter of recommendation directly to:

Kona Community Hospital  
Attention: Sarah Gauron  
79-1019 Haukapila Street  
Kealahou, HI 96750

If you have any questions, please contact: Sarah Gauron at [sgauron@hhsc.org](mailto:sgauron@hhsc.org)



## Nursing Scholarship Application Letter of Recommendation

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