



April 15, 2025

Dear Nursing Student,

The Kona Community Hospital Auxiliary is delighted that you have been accepted into a nursing program. We take pride in our support of nursing students and invite you to complete the attached Nursing Scholarship Application in the hope that you may qualify to join the many nursing students to whom we have provided financial assistance in the past.

The \$2,000.00 scholarships are awarded subject to the following parameters:

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.

To apply, all of the following must be received by **June 6, 2025**. Applications may be hand delivered, mailed or emailed to KCHAuxiliaryScholarship@hhsc.org.

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 Sarah Gauron at Kona Community Hospital's Education Dept. 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.

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 **June 26 or 27, 2025**.

All application materials may be emailed to KCHAuxiliaryScholarship@hhsc.org, hand-delivered to the Kona Community Hospital Education Department, or mailed to:

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

If you have questions, please call Sarah Gauron at 808-322-4559.

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

With Aloha,

Cristy S. Feke

Cristy Feke
Kona Community Hospital Auxiliary President

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: _____

Personal 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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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 a Letter of Acceptance from the nursing school with this application.

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 or email) to the address on the *Letter of Recommendation* form). Three forms have been provided in the application in case you need an additional.

PART VII – TRANSCRIPTS

Request that **official** college transcripts be mailed or electronically transmitted directly to: Kona Community Hospital Education Dept., KCHAuxiliaryScholarship@hhsc.org, or Attention: Sarah Gauron, 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) **received no later than June 6, 2025.**

Ensure that both Letters of Recommendation and Transcripts will be **received no later than June 6, 2025.**

PART IX – INTERVIEW

Plan to be available for a personal interview with the Scholarship Committee on **June 26 or 27, 2025.** (The applicant will be contacted 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 2025 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

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.

Applicant Signature: _____ 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.

Note: This Letter of Recommendation must be received by **June 6, 2025** in order for this applicant to be considered for a scholarship. Please email to KCHAuxiliaryScholarship@hhsc.org or mail this recommendation letter directly to: Kona Community Hospital Education Dept. Attention: Sarah Gauron 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 received by **June 6, 2025** in order for this applicant to be considered for a scholarship. Please email to KCHAuxiliaryScholarship@hhsc.org or mail this recommendation letter directly to: Kona Community Hospital Education Dept. Attention: Sarah Gauron, 79-1019 Haukapila St. Kealahou, HI 96750.



Nursing Scholarship Application

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