



# **Hawaii Medical College Merit Scholarship**

*Academic Year 2014-2015*

## **Things to Know Before You Apply**

### **1. Review the eligibility requirement.**

- Must be a currently enrolled or intended to enroll at Hawaii Medical College between July 1, 2014 and June 30, 2015.
  - If you are applying prior to start, you must provide us with an acceptance letter with your intended start date.
- Passed the Wonderlic entrance test with a 265 or higher.
- Non-Traditional Students are eligible. Supporting documentation must be provided to Hawaii Medical College to be given special consideration as a Non Traditional applicant (See attached “Non-Traditional Table”).
  - **Single Parent**
  - **Sole Provider**
  - **Homeless**
  - **Disabled**
  - **Ward of the Court/Orphan**
- Award Limit
  - The maximum award that one student can receive is up to \$3,000.00 per program he/she is enrolled in. The student may only receive this scholarship once.

### **2. Gathering your documents**

- All applicants are required to submit a completed application by their enrollment start date.
- **Personal Responses**
  - Both the short answer responses and the essay questions must be submitted with the application. Responses must be typewritten. If no personal response is attached to the application, the application will be considered incomplete and will not be eligible for the scholarship.
- **Recommendation Letter**
  - At least one (1) recommendation is required for all applicants. The recommendation must come from a professional reference (i.e., work manager, teacher, mentor, etc.).
- **Non-Traditional Status**
  - In order to be recognized as a Non-Traditional Applicant, you must submit the required documentation based on the chart on back of this sheet.



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## Non-Traditional Table

Non-Traditional Category	Required Documents
<p><b>SINGLE PARENT</b></p> <ul style="list-style-type: none"> <li>- Independent student with primary financial and sole/joint physical custody of his/her dependent child.</li> </ul>	<ul style="list-style-type: none"> <li>- Completed 2014-2015 FAFSA. Must submit the most recent Student Aid Report (SAR). SARs can be found by logging on to <a href="http://fafsa.ed.gov">fafsa.ed.gov</a>.</li> <li>- Complete Divorce Decree, Legal Separation Court Orders, Child Support documentation, or</li> <li>- Legal Guardianship</li> </ul>
<p><b>Sole Provider</b></p> <ul style="list-style-type: none"> <li>- Independent Students who provides the sole financial support for the entire household. Must include: Student, spouse/significant other, and dependent child/children.</li> </ul>	<ul style="list-style-type: none"> <li>- Completed 2014-2015 FAFSA. Must submit the most recent Student Aid Report (SAR). SARs can be found by logging on to <a href="http://fafsa.ed.gov">fafsa.ed.gov</a>.</li> </ul>
<p><b>Homeless</b></p> <ul style="list-style-type: none"> <li>- Students who lack a fixed, regular, and adequate night time residence, or</li> <li>- Has a primary night time residence which is supervised publicly, or</li> <li>- A privately operated shelter designed to provide temporary living accommodations (i.e., emergency or transitional housing).</li> </ul>	<ul style="list-style-type: none"> <li>- Certification from a social worker</li> <li>- Shelter supervisory, or</li> <li>- Transitional Housing Document</li> </ul>
<p><b>Disabled</b></p> <ul style="list-style-type: none"> <li>- Student who is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairments which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than twelve (12) months.</li> </ul>	<ul style="list-style-type: none"> <li>- Veteran's Affairs (VA), or</li> <li>- Doctor's Recommendation, or</li> <li>- Social Security Administration Disability Insurance (DI)</li> </ul>
<p><b>Ward of Court/Orphan</b></p> <ul style="list-style-type: none"> <li>- Individuals who was placed under the protection of the courts until the age of eighteen (18). <i>Does not include those who have been adopted. Student must not be independent for any other reason.</i></li> </ul>	<ul style="list-style-type: none"> <li>- Court Documentation</li> <li>- Foster Care Benefits, or</li> <li>- Certification from a Social Worker</li> </ul>



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## **STUDENT INFORMATION FORM (REQUIRED)**

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**Print Name** \_\_\_\_\_  
Last Name First Name Middle Initial

### **Permanent Address (*Residential address; No P.O. Box, HCR Box, etc.*):**

Street: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Mailing Address**  *Please check box if mailing address is the same as your permanent address.*

Street: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **Non-Traditional Preference:**

Please check one of the following if you would like to be considered for Non-Traditional Status (*Please see "Non-Traditional Table" for required documents to be considered*):

Single Parent     Sole Provider     Homeless     Disabled     Ward of Court/Orphan

### **Contact Information**

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

When do/did you begin your program of study at Hawaii Medical College? \_\_\_\_\_

What program of study are you taking? \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
Last Name First Name Phone Relationship



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## **MERIT SCHOLASHIP SHORT ANSWER QUESTIONS**

**In 100 words or less, please answer the following:**

- How will attending college contribute to your growth personally and professionally?
  - Describe the career path that you desire and how you will achieve those goals.
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## **MERIT SCHOLASHIP ESSAY**

**In 250-500 words, please answer the following:**

- Why should we select you for this scholarship? How will you impact the community as a healthcare professional that employers need?
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## **RECOMMENDATION LETTER**

At least one (1) recommendation is required for all applicants. The recommendation must come from a professional reference (i.e., work manager, teacher, mentor, etc.)

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**I certify that all the information I have provided us correct and accurate. I understand that falsification of any information may result in disqualification of eligibility.**

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**Print Name**

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**Signature**

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**Date**