ROTARY CLUB OF KONA COMMUNITY FOUNDATION

Ron and Kathy Hawkes Vocational Scholarship Application

We are looking for a community-minded individual with a sincere desire to attend an accredited vocational/trade school. Candidates must be a graduate of a West Hawaii High School such as from Kealakehe High School, Konawaena High School, West Hawaii Explorations Academy and Makua Lani Christian High School by **June 2022**. This scholarship program is administered without regard to race, creed, color, age, religion, sex, national origin or physical disability.

This scholarship award is $2,000 over four (4) semesters ($500 per semester); paid over two years of vocational/trade school study, or until graduation, whichever comes first. Scholarship funds may be used for any educational expenses such as tuition, fees, books, and supplies. Scholarship funds are non-transferable and will be paid directly to the school of choice in the recipient's name.

Recipients must take a minimum of three-quarters of a full course load and must maintain a grade-point average of 2.5 to remain qualified.

Selection Criteria:

Aptitude in the chosen field measured by:

A. High school or college grades related to the chosen field. For example: Grades in auto mechanics for those entering that field or grades in business courses for those aspiring to be secretaries; or employment experience in the chosen field. For example: future auto mechanics working in a garage or future secretaries working in an office setting.
B. Volunteer work and extracurricular activities, including leadership role and honors in areas related to the chosen field. People aspiring to health fields might do volunteer work in a hospital; people aspiring to careers in the travel field might have completed a long trip; a person seeking to work in woodworking might have won some awards in competition, fairs, 4H, etc.
C. Financial need.

Application Procedure:

1. Submit completed form.
2. Write a short essay (no more than 2 typed pages – double spaced with 11 point font or larger) summarizing your achievements in the first four criteria above. Include an explanation of your educational/vocational plans as well as your future plans upon completion of this program.
3. Submit two (2) recommendation letters for scholarship, one (1) from a current faculty member and one (1) from a member of your community (not another student).
4. Transcript of high school or community college grades (if applicable).
5. Completed application should be sent to the address below via U.S. Mail and post-marked no later than **April 20, 2026** to the address below. Finalists will be contacted for an interview.

Mail to: **ROTARY CLUB OF KONA COMMUNITY FOUNDATION**
Community Foundation Scholarship Review Committee
PO Box 3570
Kailua-Kona, HI 96745

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To be completed by the Student Applicant:

First Name: _____ Last Name: _____

Mailing Address: _____

Physical Address (if different): _____

Email Address: _____

Telephone Number: _____ Birthdate: _____

Name of High School: _____ Graduation Date: _____

Name of College/University, Vocational School you plan on attending: _____

Have you been accepted? ☐ Yes ☐ No

Financial Aid Data To be completed by the Parent(s)/Guardian(s) of Applicant:

Father/Guardian Name: _____

Mailing Address: _____

Physical Address (if different): _____

Name and Address of Employer: _____

Position/Title: _____ Number of Years: _____ Gross Annual Income _____

Nature of Business: _____

_____

Mother/Guardian Name: _____

Mailing Address: _____

Physical Address (if different): _____

Name and Address of Employer: _____

Position/Title: _____ Number of Years: _____ Gross Annual Income _____

Nature of Business: _____

_____

List Names of Children	Age	Name of School/Occupation	#Years	Live w/Parent/Guardian?

Does any of the above children receive scholarships or receive gift in-aid for school? If so, which children and from whom? _____

_____

I swear that the above information and the attached essay are, to the best of my knowledge is truthful and factual.

Signature of Applicant: _____ Date: _____

Signature of Father/Guardian: _____ Date: _____

Signature of Mother/Guardian: _____ Date: _____

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RECOMMENDATION LETTER

Name of Applicant: _____

Proposed Area of Study: _____

1. How well, how long and in what capacity have you known the applicant?

   _____

   _____

   _____

   _____

2. In your opinion, how firm is the applicant's commitment to his/her proposed field of study?

   _____

   _____

   _____

   _____

3. In comparison with other students whom you have known at a comparable age, how would you rate the applicant in the following areas? If you are unable to evaluate in an area, please leave it blank.

	Excellent		Very Good		Average		Below Average	
Leadership	___	____	___	____	___	____	___	____
Initiative	___	____	___	____	___	____	___	____
Enthusiasm	___	____	___	____	___	____	___	____
Adaptability	___	____	___	____	___	____	___	____
Maturity	___	____	___	____	___	____	___	____
Emotional Stability	___	____	___	____	___	____	___	____
Public Speaking	___	____	___	____	___	____	___	____
Seriousness of Purpose	___	____	___	____	___	____	___	____

4. In your judgement, how critical is the scholarship to the applicant? _____

   _____

   _____

Signature: _____

Print Name: _____ Date: _____

Name of Institution (if applicable): _____

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Initiative	___	___	___	___	___	___	___	___
Enthusiasm	___	___	___	___	___	___	___	___
Adaptability	___	___	___	___	___	___	___	___
Maturity	___	___	___	___	___	___	___	___
Emotional Stability	___	___	___	___	___	___	___	___
Public Speaking	___	___	___	___	___	___	___	___
Seriousness of Purpose	___	___	___	___	___	___	___	___

4. In your judgement, how critical is the scholarship to the applicant? _____

   _____

   _____

Signature: _____

Print Name: _____ Date: _____

Name of Institution (if applicable): _____