

# ROTARY CLUB OF KONA COMMUNITY FOUNDATION

## James Lightner Scholarship Application

We are looking for a community-minded individual with a sincere desire to attend an accredited post-secondary institution (i.e. college, university, community college, vocational or trade school). Candidates must be a graduate by **June 2025** 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. This scholarship program is administered without regard to race, creed, color, age, religion, sex, national origin or physical disability.

This scholarship award is \$4,000 over four years (\$500 per semester); renewable each semester up to four years of undergraduate 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:

1. Scholastic and Academic Achievement
2. Leadership, Personal Involvement on Campus
3. Community Service and Activities
4. Extracurricular Activities, Employment Experience
5. Financial Need

### Application Procedure:

1. Complete the personal and financial aid information requested on the attached page.
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. Attach a certified copy of your transcript.
5. Completed application should be sent to the address below via U.S. Mail and post-marked no later than **Saturday, April 19, 2025** 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**

**ROTARY CLUB OF KONA COMMUNITY FOUNDATION**

**James Lightner Scholarship Application**

***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

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***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, truthful and factual.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Father/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Mother/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**ROTARY CLUB OF KONA COMMUNITY FOUNDATION**

**James Lightner Scholarship Application**

**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? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Institution (if applicable): \_\_\_\_\_

**ROTARY CLUB OF KONA COMMUNITY FOUNDATION**

**James Lightner Scholarship Application**

**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
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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? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Institution (if applicable): \_\_\_\_\_