

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 2021 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.

The scholarship award is \$4,000 over four years (\$1,000 per year); renewable each year 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. Scholarships 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 written pages) 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. Mail this completed information, by April 10, 2021 to the address below.
Finalists will be contacted for an interview.

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

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To be completed by the Student Applicant:

FIRST NAME: _____ LAST NAME: _____
MAILING ADDRESS: _____
HOME ADDRESS (If Different): _____
E-MAIL ADDRESS: _____
TELEPHONE # _____ BIRTH DATE: _____
SOCIAL SECURITY # _____
NAME OF HIGH SCHOOL: _____
DATE OF HIGH SCHOOL GRADUATION: _____
NAME OF COLLEGE/UNIVERSITY, VOCATIONAL SCHOOL YOU PLAN TO ATTEND: _____

FINANCIAL AID DATA: To be completed by the Parent(s)/Guardian(s)

Father/Guardian

Mother/Guardian

NAME: _____	NAME: _____
MAILING ADDRESS: _____	MAILING ADDRESS: _____
HOME ADDRESS: (If Different) _____	HOME ADDRESS: (If Different) _____
NAME & ADDRESS OF EMPLOYER: _____	NAME & ADDRESS OF EMPLOYER: _____
POSITION: _____ # YRS _____	POSITION: _____ #YRS _____
GROSS INCOME: _____	GROSS INCOME: _____
NATURE OF BUSINESS: _____	NATURE OF BUSINESS: _____

List names of Children	Ages:	Name of school/occupation	#Years	Living w/you?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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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 judgment, how critical is the scholarship to the applicant? _____

Signed: _____ Date: _____
Print Name: _____ Title: _____
Name of Institution (if applicable) _____