## For Any Full-Time Student

## at the Hawaii Community College – Palamanui (West Hawaii)

This scholarship is for individuals presently or planning on being enrolled at Hawaii Community College-Palamanui, who are working toward their Associate Degree or Associate of Applied Science Degree. High school students and current HCC-Palamanui students are encouraged to apply. The student must have maintained a grade point average (GPA) of at least 2.5 in the most recently completed semester. This scholarship program is administered without regard to race, creed, color, age, religion, sex, sexual orientation, marital status, ancestry, national origin or disability.

This scholarship award is \$2,000 over four (4) semesters (\$500 per semester) at Hawaii Community College-Palamanui. 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 Hawaii Community College-Palamanui in the recipient's name.

Recipients must take a minimum of 12 credits each semester and must maintain a grade-point average of 2.5 to remain qualified.

#### Selection Criteria (in no particular order):

- A. Financial Need Please address how you intend to fund your future schooling.
- B. Plans for post education employment or continuing education.
- C. Current or planned employment / internship.
- D. Academic Achievement.

### **Application Procedure:**

- 1. Submit completed form.
- 2. Write a brief statement (no more than 300 words double spaced and 11 point font or larger) responding to the selection criteria above.
- 3. Submit one (1) recommendation letter from a current high school teacher or faculty member or Hawaii Community College-Palamanui campus staff.
- 4. Submit one (1) recommendation letter from a member of your community (not another student or family member).
- 5. Attach a copy of your STAR Academic Progress report if current Hawaii Community College-Palamanui student.
- 6. Completed application should be sent to the address below via U.S. Mail and post-marked no later than **March 31, 2024** 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

# For Any Full-Time Student at the Hawaii Community College – Palamanui

To be completed by the Student Application	ant:				
First Name:	rst Name: Last Name:				
Mailing Address:					
Physical Address (if different):					
Email Address:					
		e:			
		Graduation Date:			
Name of College/University, Vocational	School you plan on attend	ding:			
Have you been accepted? Yes [					
Financial Aid Data To be completed by Name and Address of Employer (if any):	• •				
		Gross Annual Income			
Nature of Business:					
I swear that the above information and factual.	the attached essay are, to	the best of my knowledge, truthful and			
Signature of Applicant:		Date:			

# For Any Full-Time Student at the Hawaii Community College – Palamanui RECOMMENDATION LETTER

	sed Area of Study:						
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		<del></del>				
	Initiative		<del></del>				
	Enthusiasm		<u> </u>				
	Adaptability						
	Maturity						
	Emotional Stability						
	Public Speaking						
	Seriousness of Purpose		<del></del>				
4.	In your judgement, how critical is the scholarship to the applicant?						
Signat	ture:	<del>-</del>			<del>-</del>		
Print	Name:			Date	9:		
Name	of Institution (if app	licable):					

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	Enthusiasm		<u> </u>				
	Adaptability						
	Maturity						
	Emotional Stability						
	Public Speaking						
	Seriousness of Purpose		<del></del>				
4.	In your judgement, how critical is the scholarship to the applicant?						
Signat	ture:	<del>-</del>			<del>-</del>		
Print	Name:			Date	9:		
Name	of Institution (if app	licable):					