

Application Form

HHERF Scholarship



Healthcare Scholarships from the Hawaii Hospital Education and Research Foundation

Please return the completed application by **June 22, 2017**.

Scholarship winners will be notified in August 2017.

1. About the Scholarship

Scholarships

- \$2,000 for enrollment in a four-year university program
- \$2,000 for enrollment in a graduate program
- \$1,000 for enrollment in a two-year community college program
- \$500 for a state-approved CNA Program or home health aide program (state of Hawaii)
- \$500 for healthcare related professional development

All scholarships are subject to availability of HHERF funds. Scholarships will be paid directly to the school for the 2017/2018 school year – fall semester.

Eligibility requirements

- Plans to pursue a healthcare career.
- **MUST BE** an employee or family member (parents, children, step-children, siblings, adopted, step-parents) of an employee of any Healthcare Association of Hawaii (HAH) member organization. A list of HAH members is available at www.hah.org.
- **MUST BE** a resident of the State of Hawaii.
- **MUST** have been accepted for enrollment or be currently enrolled in any of the following:
 1. Nursing, physical therapy, occupational therapy, speech therapy, social work, nurse's aide/state-approved CNA program (no requirement for certification).
 2. A four-year undergraduate, professional development, graduate studies, or advanced practice program with a focus in healthcare.
 3. Other areas of course study could include healthcare quality, disease management, health IT, healthcare finance, healthcare policy, and acute care specialties (e.g., surgical, pediatrics, geriatrics, renal care, transitions in care or others as deemed appropriate by the scholarship committee). Applications are not limited to a single discipline.
- Priority will be given to applicants who have not previously received a scholarship from HHERF.

2. Applicant Information

Name:

Date of Application: Home Phone: Cell Phone:

Mailing Address:

City: , Hawaii Zip Code:

Email:

Member Organization:

Job Title:

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Have you ever received a scholarship award from HHERF in the past? Yes No

If you have, when and how much did you receive?

Is the applicant employed at the member organization?

Yes No, the family member identified below is employed at the member organization.

Family Member's Name:

Relationship to the Applicant:

3. College/Program Information

Accepted/Enrolled in:

School:

Program:

Student ID Number:

Financial Aid or Business Office Telephone Number:

Address of Financial Aid or Business Office:

City: State: Zip Code:

Scholarship Requested for which Year: Semester:

Actual/Expected Entry Date: Applicant's Signature:

4. Required documentation

Please attach ALL the following documents to your form (check the box to confirm attachment):

- Proof of acceptance to a healthcare related program of study. **(Unofficial transcripts also accepted)**
- Two letters of recommendation, preferably from individuals in the healthcare field. **(Send to HHERF)**
- A one-page narrative statement from the applicant describing the reasons for the career choice and any relevant community activities. (limit one page, minimum 11 pt. font).
- Proof of a cumulative grade point average of 3.0 or above for students currently enrolled in a program.

Please mail this application and all required documents to:

Jamie Velasco
Communications and Special Events Assistant
HHERF
707 Richards St., PH2 - Honolulu, HI 96813

Questions? Call (808) 521-8961 or email communications@hah.org