



## Scholarship Application

The Lanai Community Health Center (LCHC), being an advocate and provider of care for the community of Lanai, aims to support its residents who have academic goals in pursuing higher education in health sciences or an administration/finance career in the health service industry. Through this scholarship, LCHC has an opportunity to recognize and support Lanai students who are committed to their education. We are seeking out individuals who have excelled in academics, leadership, extra-curricular activities, and community service. It is the hope that those who receive this scholarship will return to Lanai to become positive and influential members of the community in the health service industry.

Scholarships in the amount of \$1,000 will be awarded to full-time students and \$500 for part-time students. The scholarship must be used towards tuition, books, and other college expenses (receipts will be required).

### Eligibility Requirements:

Applicants must:

- Be a Lanai resident graduating from Lanai High and Elementary School or attending a university or college (preference will be given to LHES 2017 graduating seniors)
- Be accepted to an accredited, post secondary US community college or university (attach proof of acceptance or transcripts) for the academic year 2016-2017.
- Major in the medical & health science related field.
- Must have a cumulative GPA of 3.5 or higher

### Application Process:

To apply, students may submit their application starting March 16, 2017 and **NO LATER** than April 20, 2017.

- A completed scholarship application form
- Resume: academic achievements, school and community services and other extra-curricular activities
- One academic letter of recommendation
- One professional letter of recommendation
- Official high school or college transcripts
- Letter of acceptance from an accredited college or university
- Personal essay: Please address the following questions in a two page essay.
  - Summarize your academic achievements, leadership roles, community services, and other extra-curricular activities
  - Indicate the area you plan to pursue and how it will impact the community of Lanai
  - Summarize your short and long term goals
  - Indicate how this scholarship will allow you to achieve your goals

Please submit application materials to:

Lanai Community Health Center  
333 Sixth Street or mail to P.O. Box 630142  
Lanai City, HI 96763

T: (808) 565-6919

F: (808) 565-9111

E: [figuerres@lanaicommunityhealthcenter.org](mailto:figuerres@lanaicommunityhealthcenter.org)



## Scholarship Application

### Application Form for Academic Year 2016-2017

Last Name:		First Name:	
Date of Birth:		Telephone:	
Address:			
Mailing: _____			
Home: _____			
City: _____	State: _____	ZIP: _____	
Email: _____			
High School:			
Cumulative GPA:		Anticipated Date of Graduation:	
College/University of Enrollment:			
Degree and Major:		Start Date:	
Indicate whether you are or will be a Full-time or Part-time student:			
Cumulative GPA:		Anticipated Date of Graduation:	
Mother's Highest Level of Education:		Father's Highest Level of Education:	

*I certify that all statements made on this application are true and accurate.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



## Scholarship Application

Application Form for Academic Year 2016-2017

### Academic Letter of Recommendation

Applicant's Last Name:	Applicant's First Name:
Recommender's Last Name:	Recommender's First Name:
Recommender's Contact Number:	Recommender's Email:

Mahalo for taking the time to write about this scholarship applicant's academic excellence. Please use the space below or another sheet of paper to describe how you have seen the applicant apply themselves to their academic studies to achieve academic excellence. You may also include any pertinent information that would support our decision in awarding this applicant a scholarship to further their higher education.

Mahalo,

LCHC Scholarship Committee

*I certify that all statements made on this application are true and accurate.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



## Scholarship Application

Application Form for Academic Year 2016-2017

### Professional Letter of Recommendation

Applicant's Last Name:	Applicant's First Name:
Recommender's Last Name:	Recommender's First Name:
Recommender's Contact Number:	Recommender's Email:

Mahalo for taking the time to write about this scholarship applicant's professional qualities in leadership, extra-curricular activities, and community service. Please use the space below or another sheet of paper to describe how you have seen the applicant apply themselves to become a leader and serve the community. You may also include any pertinent information that would support our decision in awarding this applicant a scholarship to further their higher education.

Mahalo,

LCHC Scholarship Committee

*I certify that all statements made on this application are true and accurate.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE