



2024 Chuck Wothke Health Career Scholarship Application and Important Information

APPLICATION DEADLINE: Applications can be mailed (postmarked no later than April 5, 2024) or delivered in person (by 4:30pm on April 5, 2024).

WAIANAЕ COAST COMPREHENSIVE HEALTH CENTER
Administration Department (Scholarships) Emergency
Medical Services Building, 2nd Floor
86-260 Farrington Highway Waianae, HI
96792

AWARDEES ANNOUNCED: May 3, 2024

ELIGIBILITY:

To be eligible for the award the applicant must:

1. Be 18 years of age or older or be a graduating high school senior.
2. Be a resident of the Waianae Coast Comprehensive Health Center primary service area (Honokai Hale to Ka`ena).
3. Demonstrate financial need (priority given to those in most financial need).
4. Be enrolled in or entering into a health-related field of study.
5. Be enrolled in or accepted into college or a post-secondary program (vocational or training program/school).
6. If a previous awardee of a Waianae Coast Comprehensive Health Center Scholarship, must have maintained a minimum 2.5 Grade Point Average (GPA).

CRITERIA:

1. Applicant may have other sources of financial aid.
2. Only fully completed applications will be considered.
3. Past recipients are eligible to reapply but are limited to receiving a scholarship for no more than 5 years.
4. This financial support is intended to assist current or future health career education opportunities. Past educational activities are not eligible to receive funding.
5. Awards are made to an Academic Institution/School for the upcoming academic year June 2024 – May 2025. If the awardee does not attend, drops out, transfers or defers enrollment during the first 6 months of the award, the scholarship will be cancelled.

REQUIREMENTS CHECKLIST:

1. Fully completed scholarship application.
2. Personal statement. (Minimum 1-page statement answering all four topics)
3. Current proof of acceptance by a college, university or certified post-secondary program.
4. Copy of completed 2023 tax documents for self or parent(s) if a dependent.
5. Proof of academic standing; i.e., most recent copy of transcript or report card.

PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

All information you provide in the following application will be kept confidential.



**WAIANAЕ COAST
COMPREHENSIVE
HEALTH CENTER**

**CHUCK WOTHKE HEALTH CAREER
SCHOLARSHIP APPLICATION**

MAIL APPLICATION (POSTMARKED) OR DELIVER BY 4:30PM ON APRIL 05, 2023 TO: WAIANAЕ
COAST COMPREHENSIVE HEALTH CENTER
Administration Department (Scholarships)
Emergency Medical Services Building, 2nd Floor
86-260 Farrington Highway
Waianaе, HI 96792
Phone: (808) 697-3457

SECTION A – APPLICATION INFORMATION

Name:		Date of Birth:
Home Address:		
Mailing Address (If different from above):		Email Address:
Social Security #:	Home Phone #: Cell Phone	US Citizen: £ YES £ NO
High School Attended/Currently Attending: #:		Date Graduated:
College or Certified Post-Secondary Program Enrolled/Accepted In:		School/Program Phone #:
Ethnicity (check all that apply): <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Part Hawaiian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other		Health Field Entering or Enrolled In:

SECTION B–FAMILY FINANCIAL STATUS: Income from all household members must be indicated below

	SELF	SPOUSE	FATHER	MOTHER
NAME				
OCCUPATION				
EMPLOYER				
GROSS ANNUAL INCOME				
# of your Dependent Children 17 and under: _____ Ages: _____				
# Dependent Children In: Public School _____ Private _____ College or Post-secondary Program _____				
APPLICANT INFORMATION (<i>financial resources available for academic year</i>)				
Support from parents (if applicant age 24 or below)	\$	Support from Spouse (<i>if applicable</i>)	\$	
Other Scholarships and Loans (<i>provide detail below</i>)	\$	Gross Employment Earnings	\$	
Other Financial Resources (<i>specify</i>)	\$	Social Security Benefits	\$	
Total Financial Resources	\$			

SECTION C – APPLICANT’S BUDGET FOR THE ACADEMIC YEAR (CONFIDENTIAL) Itemize where applicable.

Attach supporting documents if available. This section must be fully completed.

COSTS	DETAILED EXPLANATION	AMOUNT
TUITION		\$
FEES		\$
BOOKS		\$
TRANSPORTATION		\$
MEALS AND HOUSING		\$
PERSONAL EXPENSES		\$
TOTAL BUDGET		

SECTION D – REQUIRED ATTACHMENTS

1. Current proof of acceptance by a college, university or certified post-secondary (vocational and/or training) program, attach copy of letter of acceptance or proof of registration.
2. Proof of academic standing; i.e., most recent copy of transcript or report card. (If not currently in school, please indicate).
3. Copy of completed 2023 tax documents (CONFIDENTIAL).
4. Personal Statement: Be as complete and comprehensive as possible. One full-page minimum response required. Attach additional pages as needed. Must include the following in your statement:
 - Describe your interest in your chosen health field or occupation.
 - Describe how this scholarship could further your future plans and goals.
 - List and describe your participation in campus and community activities and any scholastic honors received.
 - Include how you will give back to your community if you are awarded the scholarship.

REQUIRED:

_____ I hereby certify all information contained in this document to be true and accurate.

_____ I hereby authorize the release of information contained in Section A (name, school/program enrolled/accepted in, health field entering/enrolled in).

APPLICANT’S SIGNATURE

PRINT NAME

DATE

THIS SECTION Office Use Only:

<i>Application Received Date:</i>		
REQUIRED ATTACHMENTS CHECKLIST:	ATTACHED	NOTES
<i>Scholarship Application (Sections A, B and C)</i>		
<i>Required Attachments (Section D):</i>		
<i>Proof of Acceptance</i>		
<i>Proof of Academic standing (transcript or report card)</i>		
<i>Copy of completed 2021 tax documents</i>		
<i>Personal Statement</i>		