

MHF-MGH Scholarship Program

THE PROGRAM

Molokai Health Foundation (MHF) and Molokai General Hospital (MGH) has established a scholarship program to assist Molokai Keiki O Ka`Aina who plan to continue their education in health professional programs. Renewable scholarships are offered for each year of full-time study at an accredited institution of the student's choice.

ELIGIBILITY

- Students who are presently enrolled or have been accepted in full-time study at an accredited two-year or four-year college, university, or vocational-technical school for a health profession that fulfills a need on Molokai.
 - Applicant should have completed at minimum one entire elementary, middle, or high school academic year on Molokai.
 - Current Molokai professionals who are seeking advanced degrees should have completed at minimum one year of full-time employment with a Molokai provider.
 - Recipient should exhibit a sincere intent to provide service to Molokai upon completion of sponsored area of study.
 - The application must be downloaded, completed, and mailed for submission. Incomplete applications will not be evaluated.
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AWARD

Up to two recipient awards will be granted each year. If selected as a recipient, the student will receive an annual \$8,000 award. Payments are made in equal installments at the beginning of the Spring and Fall semesters. Awards may be renewed each year until a degree, certificate, or license is earned, whichever occurs first. Renewal is contingent upon satisfactory 3.0 GPA academic performance in a full-time course of study.

Awards are intended to meet the financial needs of a student to ensure completion of a program. Recipients are required to notify Scholarship Committee of any changes in address, school enrollment, or other relevant information and to send a complete transcript when requested. At least one MHF/MGH Board Member will remain in contact with recipient throughout study.

SELECTION OF RECIPIENTS

Scholarship recipients are selected based on the information supplied, academic record, work experience, statement of goals and aspirations, and an appraisal of health professional shortage on Molokai. Financial need is not considered.

Selection of recipients is by a Scholarship Committee comprised of Molokai Health Foundation and Molokai General Hospital representatives. In no instance does any family member of an applicant play a part in the selection. All information received is considered confidential and is reviewed only by the Scholarship Committee.

This is a rolling scholarship, as such there is no deadline, applications are continuously accepted August through July. Applicants will receive acknowledgment of receipt of their application; qualified applicants will be notified of next award date. Not all applicants to the program will be selected as recipients. Students may reapply to the program each year they meet eligibility requirements.

ADDITIONAL INFORMATION

Sponsors reserve the right to review the conditions and procedures of this scholarship program and to make changes at any time.

Questions regarding the scholarship program should be addressed to:

MHF/MGH Scholarship
PO Box 1070
Kaunakakai, HI 96748

Email: jkalanihuia@queens.org

Download application at: <http://www.molokaigeneralhospital.org/>

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Molokai Health Foundation/Molokai General Hospital
Health Career Scholarship
APPLICATION

Name: _____ Gender: F M
Address: _____ City: _____ Zip Code: _____
Phone: _____ (H) _____ (W) _____ (C)

University Attending: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Semester Enrolled: Spring 2017 Fall 2018 Spring 2019 Other _____

Prior University/College: _____
Dates: From _____ (m/yr) To _____ (m/yr) Studies: _____ Degree _____
Prior University/College: _____
Dates: From _____ (m/yr) To _____ (m/yr) Studies: _____ Degree _____
Prior University/College: _____
Dates: From _____ (m/yr) To _____ (m/yr) Studies: _____ Degree _____
Prior University/College: _____
Dates: From _____ (m/yr) To _____ (m/yr) Studies: _____ Degree _____

Work Experience: _____

Molokai Health Foundation/Molokai General Hospital
Health Care Scholarship

Awards/Honors: _____

Community/Volunteer Events: _____

Professional/Academic References: Include 2 reference letters from the list of names below.

Name _____ Phone: _____

Address: _____

Name _____ Phone: _____

Address: _____

Name _____ Phone: _____

Address: _____

Educational/Career Goals: Typed, 1 page maximum, describing your educational and/or career goals in your chosen health care career.

**Application Mailed to: Molokai Health Foundation
P.O. Box 1070
Kaunakakai, HI 96748
Attn: Scholarship**

Molokai Health Foundation/Molokai General Hospital
Health Career Scholarship
One page essay

Educational/Career Goals:

VERIFICATION OF ACCEPTANCE/GOOD STANDING
This letter must be accompanied by an official transcript
(For School Use Only)

Date: _____

Mail to: **Molokai Health Foundation**
 P.O. Box 1070
 Kaunakakai, HI 96748
 Attn: Scholarship

This Verification of Good Standing certifies that the student identified below has been accepted for admission for the 2017-2018 school years as indicated.

Name of Student: _____

Program into which student is admitted: _____

Student classification at admission of the 2017-2018 school years:

Is student considered: Full-time Part-time

Are there conditions to the students' continuation in this program/graduation? Yes No

If Yes, explain: _____

Length of the full-time program: _____ Months (IN MONTHS ONLY)

Degree/certificate student will receive upon completion of this program: _____

Date classes start for the 2017-2018 school year: _____

Anticipated date of graduation: _____

Submitted by: _____

Signature: _____

Title: _____

Phone Number: _____

E-Mail Address: _____

Name of School: _____

Address of School: _____