

**Queen's North Hawaii Community Hospital  
2025 Medical Staff Healthcare Scholarship Program**

*Two (2) \$1,000 scholarship is being offered to residents of Hawaii County who demonstrate financial need and are currently enrolled in a program to obtain a Healthcare profession degree. The Medical Staff funds this program to encourage residents and staff, by way of higher education, to become productive members of our Hospital and community.*

*Residents of North Hawaii, staff, and contractual employees of Queen's North Hawaii Community Hospital (QNHCH) will be considered on an equal basis with all other applicants.*

**ELIGIBILITY REQUIREMENTS:**

- *U.S. citizen or a permanent legal resident and a Hawaii County resident.*
- *Is enrolled or accepted for a Healthcare Educational Program.*
- *Be enrolled full time for each semester/quarter that scholarship funds are sought.*
- *Have and maintain at least a 3.0 GPA for each semester/quarter funds are sought.*
- *Submit completed application packet, along with two photocopies of the entire completed application packet, by the final filing date.*

**APPLICATION REQUIREMENTS:**

- *The applicant must submit the completed application packet, plus two photocopies of the completed application packet, by the due date. The completed application packet consists of the following:*
- *Completed QNHCH Medical Staff Healthcare Scholarship Program Application. Personal statements or autobiographies will not be accepted in lieu of the application. Please do not bind or submit applications in a loose-leaf binder.*
- *Submit two letters of recommendation. It is recommended that at least one letter be from a faculty person. The letters must be on letterhead, dated and signed within six months of the final filing date and must include a phone number for verification.*
- *Graduation date verification form with original signature, only if graduation date is not listed on official college transcripts.*
- *Official high school and/or college transcripts for at least the last two years. If you have been out of school for the past two years, submit your most recent transcripts. All official transcripts related to your nursing degree should be provided. If the upcoming academic year is the first year you will enroll in a nursing program, please submit official transcripts for your pre-nurse course work.*
- *A **one page** essay that speaks to your back ground, community involvement, work experience, career goals, academic performance and financial need.*
- *Submit a copy of completed Free Application for Federal Student Aid (FAFSA) for applicable school year.*
- *Submit a CV that provides a summary of your education and professional (if applicable) career.*

**Queen's North Hawaii Community Hospital  
2025 Medical Staff Healthcare Scholarship Program**

**SELECTION CRITERIA:**

- *Selection of scholarship recipients is based solely on information contained in the application packet. Therefore, applicants should provide specific responses to the questions in the space provided and the completion of the one page essay.*
- *Background – family structure, area(s) where you grew up (rural, urban, suburban or medically under served), socioeconomic status, achievements, challenges;*
- *Community involvement – documented volunteer service and activities particularly in medically under served areas;*
- *Work experience – healthcare or non-healthcare work experience.*
- *Career Goals – professional goals and plans for the next five to ten years;*
- *Academic Performance – prior and current academic performance and potential for future academic success; and*
- *Financial Need – actual or potential difficulty in completing education in the absence of financial assistance.*

**NOTIFICATION OF SCHOLARSHIP AWARDS:**

*Applicants will be notified within eight weeks of the final filing date of the decision on his/her application.*

*Mail all required documents to:*

*QUEEN'S NORTH HAWAII COMMUNITY HOSPITAL  
67-1125 Mamalahoa Hwy.  
Kamuela, HI 96743  
Attention: Fund Development Department*

**DEADLINE: COMPLETED APPLICATION & ALL REQUIRED DOCUMENTS MUST BE RECEIVED OR POSTMARKED BY  
*REVISED DEADLINE – APRIL 30, 2025***

*(Must be postmarked on or before **April 30, 2025**)*

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Telephone: _____                         |
| Address: _____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Home: _____<br>Work: _____<br>Fax: _____ |
| SS# _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                          |
| Name of School Currently Attending:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _____                                    |
| Address: _____<br>_____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                          |
| Highest level of education obtained:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | High School _____ College _____          |
| Financial Aid Officer:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _____                                    |
| Date of entry into Healthcare profession program: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Projected Completion Date: _____         |
| Indicate any other scholarships and/or funding you are receiving or will be receiving:<br>_____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                          |
| <p><i>I confirm that I meet the eligibility criteria, and that the information on this application and any documentation submitted within is correct to the best of my knowledge. Falsification or failure to follow instructions will disqualify my application. I hereby give permission for QNHCH Medical Executive Committee to use and duplicate submitted materials for the purposes of review, conference proceedings, association publications, promotions, and placement in MEC files. If awarded a scholarship by the QNHCH Medical Staff, I agree to have a copy of my transcript, certification results, or contact hours sent to MEC – Scholarship Committee.</i></p> |                                          |
| Signature: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date: _____                              |