



## AlohaCare Scholarship Application

Are you an AlohaCare member or an immediate family member of an AlohaCare member? Are you looking to pursue a career in health services? Would you like financial assistance to help you pay for higher education? **If you answered yes to the above questions, then apply to the AlohaCare scholarship today! You could receive up to \$10,000 to help you pay for education expenses.**

AlohaCare and the Association for Community Affiliated Plans (ACAP) are proud to present a joint scholarship program. This program is for AlohaCare members or their immediate family members who are interested in pursuing a career in health services.

1. Apply to the AlohaCare scholarship. The winner of the AlohaCare scholarship will receive \$5,000.00 to help pay tuition, books and course fee related expenses. Submissions are due to AlohaCare by June 12<sup>th</sup>, 2018.
  - a. Scholarship money cannot be applied to room and board.
  - b. AlohaCare will pay the winner's educational institution directly. This payment will not count as income or affect eligibility for enrollment in AlohaCare.
2. The winner's application will be submitted to ACAP. The scholarship winner selected by AlohaCare will be submitted to ACAP for their national scholarship program. The winning submission from ACAP plans across the nation will receive an additional \$5,000.00 toward tuition, books and course fees.

### Eligibility:

1. Applicant must be a current member or an immediate family member of a current AlohaCare member.
2. Applicant must demonstrate intention to pursue a career in health care or social services.
3. Applicant must be enrolled at or applying to a higher education institution (any accredited university, college, technical or vocational school) and enrolled within one year of the application date.
4. Applicant must not have been a previous winner of the ACAP Scholarship Program.
5. Letter of Recommendation must come from a non-relative teacher, guidance counselor, employer, or other appropriate community member.

### Application Process:

1. Go to [www.AlohaCare.org](http://www.AlohaCare.org) to download the application;
2. Complete the AlohaCare scholarship application;
3. Complete the three essay questions;
4. Submit a letter of recommendation with the scholarship application (non-relative teacher, guidance counselor, employer, or other appropriate community member);
5. Complete confidentiality waiver, essay release and statement of accuracy;
6. Send or drop off your materials to AlohaCare.

**Deadline:**

Completed applications must be received by 5 p.m. on Tuesday, June 12<sup>th</sup>, 2018. Applications must be sent to AlohaCare's office (dropped off in person or through the mail) or submitted electronically to [scholarship@alohacare.org](mailto:scholarship@alohacare.org).

Paper application packets can be turned in or mailed to the AlohaCare office at:

**AlohaCare**  
**Attn: Scholarship Committee**  
**1357 Kapiolani Blvd, Suite 1250**  
**Honolulu, HI 96814**

If you are on a neighbor island and would like to drop off your application, contact us at 973-0712 and we can direct you to our neighbor island office locations (Hilo, Kona, Wailuku and Lihue).

**For more information, go to [www.AlohaCare.org](http://www.AlohaCare.org). Or call AlohaCare Member Services at 973-0712 or toll-free 1-877-973-0712. TTY/TDD users call 1-877-447-5990.**

**About AlohaCare:**

AlohaCare is a local, non-profit health plan founded in 1994 by Hawaii's Community Health Centers. Our mission is to serve individuals and communities in the true spirit of aloha. AlohaCare serves more than 70,000 Medicaid and Medicare members. We partner with nearly 3,500 physicians, specialists and providers in the care of our members. We have over 230 employees located in offices on Oahu, Hawaii island, Maui and Kauai.



**Scholarship Application Form**

**PLEASE TYPE OR CLEARLY PRINT YOUR ANSWERS.**

1.	Name ( <i>First, MI, Last</i> ): _____
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2.	Street Address: _____ City: _____ State: _____ ZIP: _____
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3.	Telephone Number: _____	4.	Email: _____
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5.	Date of Birth (mm/dd/yyyy): _____
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6.	<p>Are you an enrollee or family member of an enrollee at AlohaCare?</p> <p><input type="checkbox"/> I am an enrollee. <input type="checkbox"/> A family member, _____, is an enrollee.</p> <p style="padding-left: 100px;">Relationship to me: _____</p>
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7.	<p><b>If you are under 18</b>, please provide the name and address of parent(s) or legal guardian(s):</p> <p>Parent(s) or Guardian(s): _____</p> <p>Street Address: _____</p> <p>City: _____ State: _____ ZIP: _____</p> <p>Phone: _____ Email: _____</p>
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**EDUCATION**

High school: \_\_\_\_\_ City, State: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_  I hold a GED instead of a high school diploma.

Describe any additional education you may have received below:

Name of Institution	Dates Attended	Year Graduation and Degree (if applicable)

8.

Please indicate whether you are currently enrolled in, have been accepted to, or have applied to a higher education institution. Include the name of the school.

\_\_\_ Enrolled      Name of higher education institution: \_\_\_\_\_

\_\_\_ Accepted      Name of higher education institution: \_\_\_\_\_

\_\_\_ Applied      Name of higher education institution: \_\_\_\_\_

9.

**Proof of acceptance or current student enrollment from the school is required prior to receipt of funds.** For example, applicant will be asked to provide a copy of the letter of acceptance from the higher education institution, a transcript if currently enrolled, or similar documentation.

What specialty/major are you pursuing, or plan to pursue, in your education?

10.

11.	List and briefly describe any work experience you may have.			
	<i>Position</i>	<i>Employer</i>	<i>Dates of Employment</i>	<i>Duties</i>
12.	List any academic honors or awards you have received.  Additional Honors and Awards			
13.	Briefly list community-related activities or hobbies that you have been involved in through your school, church, or other organization.			
14.	How did you hear about the AlohaCare Scholarship?  <input type="checkbox"/> Friend or Family Member <input type="checkbox"/> School Counselor or School Financial Aid Office <input type="checkbox"/> Website <input type="checkbox"/> Social Media <input type="checkbox"/> AlohaCare Newsletter <input type="checkbox"/> Doctor's Office <input type="checkbox"/> Other: _____			

**Educational Transcripts:**

Please include an unofficial transcript with this application. If you are selected as the winner of the ACAP scholarship, you will need to provide an official transcript at that time.

**Essay Questions (maximum of 250 words each; please include your name and phone number in each box)\***

\*Essays will be evaluated on how clear your response is; how complete your response is; and how detailed your response is (e.g. "I am enrolled in Hawaii Medical College in a Physician's Assistant (PA) program where I have already completed two semesters of course work and have a summer externship in place for summer of 2017").

1.	How have you benefited from the medical care, services and/or supports that have been provided by AlohaCare? (This can be from medical care you may have received from your doctor, nurse, or other medical professional and/or any contact or experience you have had with AlohaCare.)
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2.	How will your studies further your career in the health care and/or human/social services fields?
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3.	Why are you a good candidate to receive this award?
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**CONFIDENTIALITY WAIVER, ESSAY RELEASE AND STATEMENT OF ACCURACY**

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge.

I hereby give AlohaCare permission to release any information provided by me in this application to the Association for Community Affiliated Plans and the ACAP Scholarship Program Selection Committee.

I hereby grant AlohaCare and the Association for Community Affiliated Plans permission to use the essay responses provided by me in this application for all purposes and in perpetuity. I waive the right to inspect or approve versions of the essay responses.

I hereby understand that if chosen as a scholarship winner, according to Association for Community Affiliated Plans Scholarship Program policy, I must provide evidence of enrollment/registration at the education institution of my choice before scholarship funds can be awarded.

I hereby understand that if chosen as a scholarship winner, according to Association for Community Affiliated Plans Scholarship Program policy, I will agree to provide a photo that ACAP can use to identify me as the winner in its announcement and any such publicity materials related to the scholarship.

Printed name of scholarship applicant:

Signature of scholarship applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### Letter of Reference Form – AlohaCare Scholarship

Thank you in advance for helping to support this scholarship application by writing a letter of recommendation. Please feel free to use this form or attach a letter under a separate cover.

**Eligibility:**

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2. Applicant must demonstrate intention to pursue a career in health care or social services.
3. Applicant must be enrolled at or applying to a higher education institution (any accredited university, college, technical or vocational school) and enrolled within one year of the application date.
4. Applicant must not have been a previous winner of the ACAP Scholarship Program.
5. Letter of Recommendation must come from a non-relative teacher, guidance counselor, employer, or other appropriate community member.

**Name of Reference:** \_\_\_\_\_

**How long have you known applicant?** \_\_\_\_\_ years **In what capacity(teacher/coach/etc.)?** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

Please circle the appropriate response:

Considering the scholarships goals and eligibility criteria, I would consider this applicant's qualifications to be:

*Below  
Average*

*Average*

*Good*

*Outstanding*

*Inadequate  
opportunity  
to observe*

Please comment on the applicant's preparation, contributions and efforts you have seen. You may attach additional pages if necessary.

Printed name of reference:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_