

PERSONAL STATEMENT: Please tell us what it would mean to you if you were to receive this scholarship support. Include a statement as to why you believe you deserve a KUMC Foundation scholarship.

ELIGIBILITY: Which criteria do you meet to qualify for a KUMC Foundation Scholarship?

KUMC member _____; Child of a KUMC member _____ (please provide first and last name of qualifying parent) _____; or KUMC Minister or Staff _____

Signature _____ Date _____

LETTERS OF RECOMMENDATION: Submit two (2) recommendations on the forms provided, one from a present faculty member and one from an adult member of the community that you have known for five or more years. These may be submitted separately, but it is your responsibility to ascertain that these forms are postmarked by April 30th.

Ensure that your application and letters of recommendation are postmarked by April 30th to:

KUMC Foundation, ATTN: Scholarship Committee, 1110 Kailua Road, Kailua, HI 96734

APPLICATION INFORMATION

- Scholarships will be awarded in the amounts of \$1,000, \$750, and \$500. Scholarships are awarded for one year, but awardees may apply for a scholarship in subsequent years. Scholarship funds may be used for any educational expenses.
- Applicant must be a KUMC member in good standing, the child of a KUMC member in good standing, or a KUMC minister or staff. A “member in good standing is a KUMC member who is recognized as serving KUMC through his/her presence, gifts, and service.”
- Applicant must be enrolled in an accredited educational institution at the post-high school level or higher.
- Two Recommendation forms (faculty member and community member) must be submitted to complete your application. The forms may be submitted directly to KUMC Foundation by the recommender or included with your application. All materials must be postmarked by April 30th.

----- THIS SPACE FOR USE BY KUMC FOUNDATION ONLY -----

Date application received: _____

Eligibility requirement met: _____

Recommendation form received: Faculty _____ Community _____

Prior applications: None ___ 1 ___ 2 ___ 3 ___ 4 ___

Photo attached as required: Yes ___ No ___