

Lunalilo Scholars Program Application

2017-2018

By filling out this application, you are applying for the Lunalilo Scholars Program. Every application must be accompanied by a referral. Examples of a Referrer are teachers, counselors, coaches, social workers, advocates, pastors or mentors. Referrals cannot be from parents. Applications without a referral are considered incomplete and will NOT be reviewed.

For help in completing this form, or for more information about this project, you can contact us by email at lunalilo@hawaii.edu or if you would like to speak to someone you can contact, LaVache Scanlan, Director of the Lunalilo Scholars Program at (808) 734-9371.

Deadline

Online applications and referral forms can be submitted until 11:59pm on Friday, June 2, 2017. Paper applications and referral forms must be postmarked by Friday, June 2, 2017 to be considered.

To submit an online application or referral form, go to: http://fye.kapiolani.hawaii.edu/lunalilo-scholars-2/

Applications submitted after the deadline may be considered for the wait list. Applications submitted without referral forms will NOT be considered.

Note to Applicant

If you are awarded this scholarship, you are REQUIRED to attend a program orientation in June (TBD) and the 10-day Summer Bridge Program (3 college credits) from July 24 - August 4, from 8:00am - 4:30pm daily (except weekends). Failure to complete requirements will deem you ineligible and affect future awards.

Students accepted into this program must have a high school diploma or have a GED by August 2017, be a state resident as determined by the University of Hawai'i System Application Form and be enrolled at KCC for the 2017-2018 academic year. You DO NOT need to be accepted to KCC to submit this application or be accepted into this program.

In order to receive this scholarship you must be living on 'Oahu for the 2017-2018 academic year. Students cannot commute from the neighbor islands and/or take all classes online with this scholarship.

A referral form must be submitted on your behalf or your application will NOT be considered.

Applicants will be notified of the status of their application by June 26, 2017.

Mail this form to:

Kapi'olani Community College c/o LaVache Scanlan 4303 Diamond Head Road, 'Ilima 205 Honolulu, HI 9681



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Directions: All questions are required. There are no right or wrong answers to the questions, so please just answer them truthfully and to the best of your ability. *Please print legibly.

Pers	ional Information
Name	e of Applicant:
	Last, First, Middle
Previ	ous Names Used (Maiden name, etc.):
Year	of Birth:
Unive	ersity of Hawai'i Identification Number:
Perso	onal Email:
(Like	onal Email: UH Email: UH username@hawaii.edu (If applicable)
(A wo	e or Cell Phone Number: orking number in which we can contact you if further information is necessary to complete your cation)
Maili	ng Address (Street or PO Box):
City: _	State:Zipcode:
To wł	hich ethnic group(s) do you most identify? (Check all that apply)
	Asian
	Caucasian (non-Hispanic)
	Chamorro
	Hawaiian/Part-Hawaiian
	Latino or Hispanic
	Micronesian
	Native American or Aleut
	Samoan
	Tongan
	Other
Is voi	u Hawaiian Ancestry reflected on your Kapi'olani Community College Record? (To verify/update
	ethnicity on record, login to MyUH (https://myuh.hawaii.edu). Select the Student Services LINK on the left
	; then select Personal Information TAB; and finally, select View My Ethnicity and Race Information LINK).
	Yes
	No
	Not Sure



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High School and College Information

Name of high school graduated from or will graduate from in 2015: (If completing a GED, give name of Community School or Program).					
 Gradı	ation Date, Expected Graduation Date, or GED Completion Date:				
	XX/XXXX (05/2013)				
Did vo	ou apply to Kapi'olani Community College?				
	Yes				
	No				
If you	applied to Kapi'olani Community College, have you registered for you first semester courses'				
	Yes				
	No				
Have	you applied to any other Community College or University?				
	Yes				
	No				
List a	l Colleges or Universities you have applied to:				
 Will y	ou be the first in your family to attend college? Yes No				
Othe	r Information				
Did yo	ou complete the FAFSA (FREE Application for Federal Student Aid?				
	Yes				
	No				
	you applied for other scholarships?				
	Yes				
	No				



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Are you a resident of Ha	waiʻi?		
□ Yes			
□ No			
Will you live on the isla	nd of 'Oahu by July 24, 2017	?	
□ Yes			
□ No			
	he MANDATORY 10-day (allur application will not be cons	-day) Summer Bridge Program. idered.	
-	<u> </u>	by someone, such as a teacher, counselo referrer is willing to complete the Referra	=
	n and mail it. The online form	. The referrer can submit the online remust be completed by 11:59pm on Frida	
First and Last Name of R	eferrer:(The person submitti	ing the Referral Form on your behalf).	
Referrer Email Address:		Referrer Phone Number:	
What is your relationshi	p with your referrer?		
(The person submitting th	ne Referral Form on your beha	alf).	
□ Teacher			
□ Counselor			
□ Pastor			
□ Coach			
□ Other:			

Personal Questions (If you need more writing space, feel free to you a separate sheet of paper).

Why do you want to attend college?						



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past: Darriers sila	ned win not prever	it you irom recei	ving this scholarsh	ıp.	



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What are you fears and worries of college will not prevent you from receive	becoming a college wing this scholarship.	student? Fea	rs and or wo	orries about	attending



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How would a program lik Please provide any addition current life situation and ho	onal information that wou	ld help the scholarship	o committee to understand you
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			es, knowledge, practices and/og hula because it connects you to
I agree that the information	on I have provided in this	form is correct:	
Signature:		Date:	