



ALOHACARE

2024 AlohaCare Healthcare Scholarship Application

[AlohaCare](#) is pleased to announce our annual 2024 educational scholarships to support individuals pursuing a career in healthcare.

Current AlohaCare members and their immediate family members pursuing a career in healthcare or social services are eligible and encouraged to apply.

AlohaCare scholarship winners will receive up to \$5,000 each to help pay for tuition, books, supplies, certification, testing fees, and/or course fees.

Applications must be submitted to AlohaCare by Monday, June 3, 2024 by 5:00 p.m. HST.

About AlohaCare

AlohaCare is a local, community-led, non-profit health plan founded by Hawai'i's Community Health Centers in 1994. Our mission is to serve individuals and communities in the true spirit of aloha. We believe in comprehensive managed care services that improves whole person health. Our emphasis is on preventive healthcare and services that address social determinants of health needs such as food and housing security. We work in partnership with physicians, specialists and community organizations to provide high quality healthcare services to more than 84,000 Medicaid and Medicare members on all islands. Our team is comprised of nearly 300 employees located in offices on O'ahu, Hawai'i island, Maui and Kaua'i.

Eligibility

1. Applicant must be a current member or an immediate family member of a current AlohaCare member.
2. Applicant must demonstrate intent to pursue a career in healthcare or social services. Examples include mental health counselor, nurse, pharmacy technician, physician's assistant, community health worker and social worker.
3. Applicant must be enrolled at an accredited university, college, technical or vocational school or certificate program during 2024. (Enrollment verification is required with application submission.)

Application Instructions

1. Complete the AlohaCare Healthcare Scholarship Application including the two essay questions.
2. Required documents include:
 - a. Two (2) Letters of Recommendation from a non-relative teacher, guidance counselor, employer, coach or other appropriate community member to be included with application or emailed or mailed to AlohaCare by reference persons.



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- b. Documentation from your educational institution that verifies your enrollment. For example, enrollment verification or certification from your educational program or institution.
 - c. Signed and completed Confidentiality Waiver, Essay Release and Statement of Accuracy form (included in application).
3. Submit your application and required documentation by one of three ways:
- a. Upload at www.ImuaLoa.AlohaCare.org
 - b. Email to scholarship@alohacare.org
 - c. Mail to the address below:

AlohaCare
Attn: 2024 Scholarship
External Affairs Department
1357 Kapiolani Blvd., Suite G101
Honolulu, Hawaii, 96814

Deadline

Completed applications must be received by 5:00 p.m. HST on Monday, June 3, 2024.

For more information, go to www.ImuaLoa.AlohaCare.org. Or call AlohaCare Customer Services at 973-0712 or toll-free 1-877-973-0712. TTY/TDD users call 1-877-447-5990.



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Fill out the application form and complete essay questions 1 and 2.

PLEASE TYPE OR CLEARLY PRINT YOUR ANSWERS			
1.	Name (<i>First, Middle, Last</i>):		
2.	Street Address: _____ City: _____ State: _____ ZIP: _____		
3.	Telephone Number: ()	4.	Email:
5.	Date of Birth (mm/dd/yyyy):		
6.	Are you an enrollee or family member of an enrollee at AlohaCare? <input type="checkbox"/> I am an enrollee. <input type="checkbox"/> A family member, _____, is an enrollee. Relationship to me: _____		
7.	If you are under 18 , please provide the name and address of parent(s) or legal guardian(s): Parent(s) or Guardian(s): _____ Street Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ Email: _____		
8.	How did you hear about AlohaCare's Scholarship program?		



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EDUCATION

High school: _____

City, State: _____

Year of Graduation: _____

I hold a GED instead of a high school diploma.

Describe any post high school education (in progress or completed):

9.

Name of Institution	Dates Attended	Program/Degree/Certificate	Year Graduated (if applicable)

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.

10.

____ Enrolled Name of institution: _____

____ Accepted Name of institution: _____

____ Applied Name of institution: _____



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11.	What specialty/major are you pursuing, or plan to pursue, in your education?			
12.	List and briefly describe any work experience you may have.			
	<i>Position</i>	<i>Employer</i>	<i>Dates of Employment</i>	<i>Duties</i>



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13.	<p>Briefly list any community-related activities or hobbies that you have been involved in through your school, church, cultural group or other organization.</p>
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Essay Questions

Please complete both essays, maximum of 250 words each.

To help us to get to know you as an individual, please provide clear, complete and detailed responses to the essay questions about how AlohaCare's services impacted you or your family, your views about healthcare and your aspirations for the future.

1. How have you or your family 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. As a recipient of this award, how will you contribute to a healthier Hawai'i?



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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.

I hereby grant AlohaCare 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 I must provide evidence of enrollment/registration at the education institution of my choice along with my application.

I hereby understand that if chosen as a scholarship winner, I will consent to signing a photo release and coordinating a photo to be taken of me as a winner for use in announcements and any such publicity materials related to the scholarship. These include, but are not limited to, press releases, photo, and video opportunities.

Printed Name of Scholarship Applicant: _____

Signature of Scholarship Applicant: _____ Date: _____