



ALOHACARE

**2025 AlohaCare Healthcare Scholarship Application
Letter of Recommendation Form**

You are receiving this form because an applicant for AlohaCare's Healthcare Scholarship has requested from you a letter of recommendation in support of their application.

Applicants may submit two (2) Letters of Recommendation from a non-relative teacher, guidance counselor, employer, coach, or other individual familiar with the applicant's qualifications.

To help us to get to know the applicant as an individual, please comment on the applicant's academic and training performance, leadership abilities, community service, and commitment to a career in healthcare.

Application requirements include:

1. Optional: Two (2) signed letters of recommendation in support of their application.
2. Applicant must be a current member or an immediate family member of a current AlohaCare member.
3. Applicant must demonstrate intention to pursue a career in healthcare or social services.
4. Applicant must be enrolled with or applying to enroll with a higher education institution (any accredited university, college, technical or vocational school) during 2025.

Please feel free to use this form or attach a letter under a separate cover.

Submit your recommendation letter one of three ways:

1. Return to the applicant
2. Email to scholarship@alohacare.org
3. Mail to the address below:

**AlohaCare
Attn: 2025 Scholarship
External Affairs Department
1357 Kapiolani Blvd., Suite G101
Honolulu, Hawaii, 96814**



Name of Applicant: _____

How long have you known applicant? _____ years

In what capacity (teacher/coach/etc.)? _____

Email: _____

Phone: _____

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

*Inadequate
opportunity
to observe*

[illegible]

[illegible]

Name (printed) _____



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