



**ALOHACARE**

## **AlohaCare Foundation Scholarship Application**

The AlohaCare Foundation is pleased to offer our annual educational scholarships supporting individuals pursuing careers in healthcare or social services. Current AlohaCare members and their family members are eligible and encouraged to apply.

The AlohaCare Foundation scholarship winners will receive up to \$10,000 each to help pay for tuition, books, supplies, certification, testing fees, and/or course fees.

### **About The AlohaCare Foundation**

Since 1994, AlohaCare has upheld a long tradition of community giving, committed to advancing health and wellness for the communities we serve. In our earliest days we initiated the Access to Care grants, followed by the Wai Wai Ola grants, funding vital programs and services that continue to thrive. In 2022 we formalized our community giving program, *Imua Loa*, pledging \$1 million annually through charitable giving.

In 2025 the AlohaCare Foundation was launched. Our mission is to support individual wellness and community access to quality care in collaboration with individuals and organizations who share the same commitment. We're grateful for our tradition of community giving and look forward to new opportunities that emphasize the values that have always guided us.

AlohaCare is a community-governed, non-profit health plan founded by Hawai'i's Community Health Centers in 1994. We are Hawai'i's only health plan exclusively dedicated to serving over 70,000 Medicaid and Medicaid-Medicare dually-eligible beneficiaries. Our team is comprised of nearly 300 employees located on O'ahu, Hawai'i island, Maui and Kaua'i.

### **Eligibility**

1. Applicant must be a current member or a family member of a current AlohaCare member.
  - a. Family member includes parents, guardians, children, siblings, aunts, uncles, cousins, and grandparents.
2. Applicant must demonstrate intent to pursue a career in healthcare or social services.
  - a. 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 the reward year.
  - a. Enrollment verification is required with application submission.



## **AlohaCare Foundation Scholarship Application Instructions**

1. Complete the AlohaCare Foundation Scholarship Application, including the two essay questions.
2. Required documents include:
  - i. Documentation from your educational institution that verifies your enrollment. For example, enrollment verification or certification from your educational program or institution.
3. Signed and completed Confidentiality Waiver, Essay Release and Statement of Accuracy form (included in application).
4. Highly Encouraged: 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.
  - i. Submit your application and required documentation by one of three ways:
    1. Upload at <https://foundation.alohacare.org/scholarships/>
    2. Email to [scholarship@alohacare.org](mailto:scholarship@alohacare.org)
    3. Mail to the address below:

### **AlohaCare**

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

### **Deadline**

Completed applications must be received by March 16th, 2026

For more information, go to <https://foundation.alohacare.org/scholarships/>

Or call AlohaCare Customer Services

Local 808-973-0712

Toll-free 1-877-973-0712.

TTY/TDD 1-877-447-5990.



### AlohaCare Foundation Scholarship Application

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.	E-mail:
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. Member Number: _____ Relationship to member: _____		
7.	<b>If you are under 18</b> , 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 the AlohaCare Foundation's Scholarship program?		



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**EDUCATION**

9.

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):

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

10.

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 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. | Briefly list any community-related activities or hobbies that you have been involved in through your school, church, cultural group or other organization. |
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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 health insurance, medical care, services and/or supports that have been provided by AlohaCare? (This can be from medical care you've 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 the AlohaCare Foundation and AlohaCare permission to release any information provided by me in this application.

I hereby grant the AlohaCare Foundation and 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: \_\_\_\_\_