



**ALOHACARE**

**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. Highly Encouraged: 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 the award year.

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](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 including letters of recommendation must be received by March 16th, 2026



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**Name of Applicant:** \_\_\_\_\_

**Name of  
Reference:** \_\_\_\_\_

**How long have you known applicant?** \_\_\_\_\_ years

**In what capacity (teacher/coach/etc.)?** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

Please choose the appropriate response:

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

*Below Average      Average      Good      Outstanding      Inadequate Opportunity  
to Observe*

Please comment on the applicant's commitment, contributions and efforts you have observed:



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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (printed) \_\_\_\_\_