



The Foundation's goal is to encourage certain high school students, from specific geographic areas in the State of Hawaii, to obtain a college education.

The specific geographic areas where Hawaii Emergency Physicians Associated, Inc (HEPA) practices Emergency Medicine are:

- Adventist Health Castle (Kailua)
- Wahiawa General Hospital (Wahiawa)
- Kahuku Medical Center (Kahuku)
- Hilo Medical Center (Hilo)
- North Hawaii Community Hospital (Kamuela)
- Hale Ho'ola Hamakua Hospital (Honokaa)
- Molokai General Hospital (Molokai)
- Kauai Veterans Memorial Hospital (Waimea, Kauai)
- Samuel Mahelona Memorial Hospital (Kapaa, Kauai)
- Ka'u Hospital (Pahala)
- Kona Community Hospital (Kealahou)
- Kohala Hospital (Kapaau)

The high school student we are endeavoring to assist is one that, without our assistance, most likely would not attend college. Therefore, our primary criterion for awarding a scholarship is financial hardship. Our goal is not to assist those students who would attend college without our support.

Scholarships are usually awarded at the rate of \$3,000 per student per academic year (\$1,500 per semester).

Student applications are forwarded to the respective hospitals for selection. HEPA is not involved in the selection process.

For more information, contact Alicia Hatori at 808.263.7208 or by email: alicia@hepa.net.

Revised 04/11/22



Education Foundation Scholarship Application Form

Name:

Address:

Phone Number (s):

Email address:

Name of School Currently Attending:

Date You Expect to Graduate:

College You Plan to Attend:

College Student ID number (if known):
(Please leave space blank if you have not been assigned a college student ID#)

Please submit the following documents to your HEPA scholarship champion:

- Application form
- Personal letter describing future plans and goals (i.e. family, education, career) and financial need.
- Photocopy of most recent report card or transcript
- Photocopy of SAR report of Free Application for Federal Student Aid (FAFSA) for applicable school year
- Photocopy of acceptance letter from university, college, or community college you plan to attend
- Two (2) letters of reference from teachers, counselors, employers, or other individuals who are familiar with your character and potential. Include this person's relationship to you (student).



HEPA Scholarship Checklist

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Once your candidate selection has been made, please submit all required documents either electronically or via mail to:

HEPA

Attn: Alicia Hatori

PO Box 1266

Kailua, HI 96734

Email: alicia@hepa.net

You may also contact me directly with questions by calling: 808.263.7208

Applications and documents should be submitted by **Friday, May 10, 2024.**

We appreciate the opportunity to partner with you in support of the communities we serve.

With Aloha,

Alicia Hatori

Director of Quality & Public Relations



Hawaii Emergency Physicians Associated (HEPA)
407 Uluniu St., Suite 411
Kailua, HI 96734

Permission to Use Photograph

() I grant to HEPA, its representatives and employees the right to take photographs of me. I authorize HEPA, its assignees and transferees to use and publish the same in print and/or electronically.

() I grant to HEPA, its representatives and employees the right to use the photographs of me indicated below. I authorize HEPA, its assignees and transferees to use and publish the same in print and/or electronically.

I agree that HEPA may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

I have read and understand the above:

Signature _____

Printed name _____

Date _____