

Kaua'i Filipino Chamber of Commerce Foundation

2023 VOCATIONAL SCHOLARSHIP PROGRAM Student/Resident

PURPOSE

- The purpose of the scholarship is to assist student/resident who otherwise do not qualify for scholarships based on academic achievements.
- Kauai residents who want to develop a vocational skill.

ELIGIBILITY APPLICANT MUST:

- Be a resident of Kauai County and be of Filipino ancestry. Children or grandchildren of KFCC (Kauai Filipino Chamber of Commerce) member in good standing.
- Be accepted in a vocational program at Kauai Community College or currently attending a vocational program at Kauai Community College.

RECIPIENTS MUST PROVIDE PROOF OF ACCEPTANCE INTO A VOCATIONAL PROGRAM.

JUDGING CRITERIA

FINANCIAL NEED

• <u>Applicants must demonstrate a financial need.</u> Must have applied for FAFSA (Free Application for Federal Student Aid). SAR (Student Aid Report) must be submitted with this application. No exceptions will be made.

SCHOLASTIC

- Must have maintained a minimum of a 3.0 cumulative Grade Point Average (B average) on a 4.0 scale.
- Current KCC Students: Submit official KCC transcripts
- Accepted KCC Vocational Student (no vocational classes taken yet): If graduated high school within the last 3 years, submit "high school" transcripts. If more than 3 years, please submit a resume.

RESUME - ACADEMIC ACHIEVEMENTS, LEADERSHIP AND COMMUNITY SERVICE

- FORMAT:
 - o Education
 - o Work Experience
 - o Volunteer/Leadership Experience
 - o Awards and Honors Receives
 - o Special Skills & Talent
 - o Interest and Activities

ESSAY OR PERSONAL STATEMENT OR ESSAY

• Personal statement on why you are applying for a scholarship wich includes how your vocational skills will help the commutty. Minimum of 400 words typewritten.

TWO (2) LETTERS OF RECOMMENDATIONS

• Letters from employers, ministers, or any non-related individuals who can attest to applicant's character and potential.



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Please print or type (all items must be completed).

Name	First	MI	
Home Phone		Mobile Phone	
Email			
Mailing Address			
City		State Zip	
Date of Birth			
Parent or Guardian's Name _	Last First	Phone:	
High School Attending		Counselor's Name	
Please mail this applic	cation, along with two (2)	letters of recommendation, specified trort), resume and a photo of self to:	
	SCHOLARSH auaʻi Filipino Cha	HIP PROGRAM amber of Commerce Lihue, HI 96766	
or <u>Cyndi Ay</u>	onon 808.645.6343 or e	se call <u>Rose Ramos-Benzel 360-318-</u> email: <u>info@kauaifilipinochamber.org</u>	
Application deadline: Postma	arked by March 31, 202 3	3. Scholarship winners will be notified b	y April 7, 2023
will not be returned. Accepta	nce of the Kauaʻi Filipino	he property of Kaua'i Filipino Chamber o Chamber of Commerce Scholarship au nd advertising rights, including name, p	utomatically gives
certify that all the furnished	information and records	s are true and accurate.	
Applicant's Signature		Date	

A FULLY COMPLETE AND ACCURATE APPLICATION FORM MUST BE SUBMITTED BY THE DESIGNATED DEADLINE IN ORDER TO BE CONSIDERED FOR THE SCHOLARSHIP.