

## APPLICATION FOR 2012-2013



### DESCRIPTION OF KE OLA MAU

The Ke Ola Mau (KOM) Program supports full time Native Hawaiian students attending either the University of Hawai'i at Hilo or the University of Hawai'i at Mānoa as they journey through education and career goals into a health profession. Students participating in the Ke Ola Mau College Scholars Program will be offered support that may include: academic advising, tutoring, classroom coaching, cultural practices, community service, and internships. The type of support and stipend the student receives will be dependent on the participant's status in their health education and career pathway. The program is intended to increase the number of Hawaiian health professionals and address the health challenges prevalent with the Native Hawaiian population.

### STUDENT ELIGIBILITY

Preference will be given to students who meet the following requirements:

- Native Hawaiian
- Students pursuing a degree in a health area include but not exclusively: medicine, pharmacy, nursing, kinesiology, social work, public health, and nutrition
- Full-time undergraduate status
- Full or part-time graduate or professional student status
- Home campus is University of Hawai'i at Mānoa or University of Hawai'i at Hilo

### REQUIRED FORMS

1. Completed Application Form
2. Personal/Professional Essay
3. Unofficial current UH transcripts from myUH

### DEADLINES

Spring 2013 Deadline: **February 1, 2013**

Summer 2013 Deadline: **April 12, 2013**

### MAIL/DROP OFF DOCUMENTS TO

Nā Pua No'eau- Hilo  
200 West Kāwili Street  
Hilo, Hawai'i 96720  
(808) 974-7678

**OR**

Nā Pua No'eau- O'ahu  
2600 Campus Road  
Queen Lili'uokalani Student Services 406  
Honolulu, Hawai'i 96822  
(808) 956-9410

*Funded by the U.S. Department of Education Native Hawaiian Education Program.  
Mahalo to the Office of Hawaiian Affairs and the University of Hawai'i for support.*

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**CONTACT INFORMATION**

Name: \_\_\_\_\_  
first last middle

UH ID #: \_\_\_\_\_

Hawaii.edu email address: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

\_\_\_\_\_ city state zip code

Cellular Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Mailing Address While Attending College: \_\_\_\_\_

\_\_\_\_\_ city state zip code

*"The information provided in this application is accurate and true."*

\_\_\_\_\_ signature date

**EDUCATIONAL BACKGROUND**

Participated in Nā Pua No'ēau Events from: \_\_\_\_\_ to \_\_\_\_\_ at \_\_\_\_\_ (location)

High School Graduated/Graduating From: \_\_\_\_\_ Grad. Year: \_\_\_\_\_

College Campus Attending: \_\_\_\_\_ Major/Intended Major: \_\_\_\_\_

Degree Pursuing in 2012-2013: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_

Class Standing (circle): 1) Freshman 2) Sophomore 3) Junior 4) Senior 5) Graduate 6) Other: \_\_\_\_\_

Current GPA: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_ Credits Earned To Date: \_\_\_\_\_

**ETHNICITY**

*Please check all that apply.*

- American/Native Indian
- African American/Black
- Caucasian/White
- Chinese
- Filipino
- Japanese
- Native Hawaiian
- Hispanic/Latino
- Pacific Islander
- Portuguese
- Puerto Rican
- Other \_\_\_\_\_

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# Ke Ola Mau

Aspiration, Achievement and Pathway Into Health Careers



**PERSONAL ESSAY**

Please attach a personal essay (no more than 2 pages double spaced) describing the following:

1. An introduction of who you are and your background
2. What is your educational pathway(s)?
3. What is/are your career goal(s)?
4. What are the most critical health challenges facing your family and/or the Hawaiian community? How do you plan on improving and/or serving your community?
5. What are your personal challenges at the moment, and more importantly how do you plan on using your strengths to overcome them?

**COMMUNITY SERVICE AND/OR INTERNSHIP**

Each student participating in the KOM program is required to do community service and/or internship. The KOM Program or the department/school/college that you are with will assist you.

If you are part of a team or already have a pre-arranged agreement with a mentor please provide a separate page describing your project/activity below and please have your advisor sign and complete the area below.

**TO BE COMPLETED BY MENTOR FOR PRE-ARRANGED COMMUNITY SERVICE AND/OR INTERNSHIPS ONLY**

Description/Title of Internship:

I, (Name of Mentor): \_\_\_\_\_, (Title of Mentor): \_\_\_\_\_

At (Name of Department/Program): \_\_\_\_\_

Is committed to supporting (Name of Intern): \_\_\_\_\_

In his/her internship experience:

\_\_\_\_\_  
(Mentor's signature)

\_\_\_\_\_  
(Date)

Mentor's email address: \_\_\_\_\_ Mentor's Phone #: \_\_\_\_\_

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