

**THE WAIANAЕ COAST COMPREHENSIVE  
HEALTH CENTER  
CHUCK WOTHKE HEALTH CAREER  
SCHOLARSHIP**



**WAIANAЕ COAST  
COMPREHENSIVE  
HEALTH CENTER**  
www.wcchc.com

**MAIL APPLICATION (POSTMARKED) OR DELIVER BY 4:30PM ON APRIL 16, 2012 TO:  
WAIANAЕ COAST COMPREHENSIVE HEALTH CENTER, HO'OLŌKAHI DEPARTMENT  
(SCHOLARSHIPS)  
86-260 FARRINGTON HIGHWAY  
WAIANAЕ, HAWAII 96792**

**SECTION A – APPLICATION INFORMATION**

Name:		Date of Birth:
Home Address:		
Mailing Address (If different from above):		Email Address:
Social Security #:	Home Phone #: Cell Phone #:	US Citizen: <input type="checkbox"/> YES <input type="checkbox"/> NO
High School Attended/Currently Attending:		Date Graduated:
College or Certified Post Secondary Program Enrolled/Accepted In:		School/Program Phone #:
Health Field Entering or Enrolled In:		<b>(Optional):</b> Are you of Hawaiian ethnicity?

**SECTION B – FAMILY FINANCIAL STATUS: Income from all household members must be indicated below**

	SELF	SPOUSE	FATHER	MOTHER
NAME				
OCCUPATION				
EMPLOYER				
GROSS ANNUAL INCOME				
# of your Dependent Children 17 and under: _____		Ages: _____		
# Dependent Children In: Public School _____		Private _____		College or Post-secondary Program _____
<b>APPLICANT INFORMATION</b> <i>(financial resources available for academic year)</i>				
Support from parents (if applicant age 24 or below)	\$	Support from Spouse (if applicable)		\$
Other Scholarships and Loans	\$	Gross Employment Earnings		\$
Other Financial Resources <i>(specify)</i>	\$	Social Security Benefits		\$
Total Financial Resources	\$			
Did you receive scholarship/financial aid/loans in the 2010-2011 school year? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Please list all scholarship/financial aid/loans received in 2010-2011 below. Include name of the source scholarship and the full amount awarded. Please use back side of the page if more space is needed.				