

Application for Needs-Based Scholarship for the *Medical Diagnosis and Treatment* Program 2024

Applicant Name: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Applicant Email: \_\_\_\_\_ Applicant Phone Number: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_ Parent/Guardian Phone Number: \_\_\_\_\_

Permanent Mailing Address (if different from current mailing address):

\_\_\_\_\_

County of Legal Residence (must be in State of Hawaii):

Hawaii

Honolulu

Kauai

Maui

Geographical area you spent the majority of your life from birth to present: \_\_\_\_\_

Ethnicity (list all): \_\_\_\_\_

Languages spoken (list all): \_\_\_\_\_

High School in Hawaii attended in 2023-2024 is:      public      charter      private      home school

Have you ever been approved for financial assistance based on financial need to help fund your high school education?      Yes      No

Name of High School (name, city, county): \_\_\_\_\_

Grade Completed in 2023-2024:              10              11              12

Are you currently in, or eligible for, the “Free and Reduced Priced School Meals” Program (See chart below from Hawaii State Department of Education [Free and Reduced Price Lunch Program](#)):

Yes                      No

### Income eligibility

Income eligibility guidelines for free and reduced-price meals effective July 1, 2023 to June 30, 2024.

FREE MEALS						REDUCED PRICE MEALS					
Family Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly	Family Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	21,801	1,817	909	839	420	1	31,025	2,586	1,293	1,194	597
2	29,484	2,457	1,229	1,134	567	2	41,958	3,497	1,749	1,614	807
3	37,167	3,098	1,549	1,430	715	3	52,892	4,408	2,204	2,035	1,018
4	44,850	3,738	1,869	1,725	863	4	63,825	5,319	2,660	2,455	1,228
5	52,533	4,378	2,189	2,021	1,011	5	74,759	6,230	3,115	2,876	1,438
6	60,216	5,018	2,509	2,316	1158	6	85,692	7,141	3,571	3,296	1,648
7	67,899	5,659	2,830	2,612	1,306	7	96,626	8,053	4,027	3,717	1,859
8	75,582	6,299	3,150	2,907	1,454	8	107,559	8,964	4,482	4,137	2,069
9	83,265	6,940	3,471	3,203	1,602	9	118,493	9,876	4,938	4,558	2,280
10	90,948	7,581	3,792	3,499	1,750	10	129,427	10,788	5,394	4,979	2,491
11	98,631	8,222	4,113	3,795	1,898	11	140,361	11,700	5,850	5,400	2,702
12	106,314	8,863	4,434	4,091	2,046	12	151,295	12,612	6,306	5,821	2,913
13	113,997	9,504	4,755	4,387	2,194	13	162,229	13,524	6,762	6,242	3,124
14	121,680	10,145	5,076	4,683	2,342	14	173,163	14,436	7,218	6,663	3,335
For each additional household member, add:	7683	641	321	296	148		10934	912	456	421	211

Will you be the first person in your family to attend a university?                      Yes                      No

Do you belong to any healthcare or science clubs/teams?                      Yes                      No

Attach a personal statement, limited to two pages, explaining

1. why you want to attend the *Medical Diagnosis and Treatment* program,
2. what you hope to get out of the experience,
3. any family or personal circumstances (e.g. hardships) that will be useful in reviewing your application, and
4. how you overcame any personal hardship or adversity.

By signing our names below, we certify that the information in the application is true in its entirety. We also certify that the applicant is the sole author of the personal statement and that if the applicant receives the scholarship, they are committed to attend all 5 full days of *Medical Diagnosis and Treatment*.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian if Applicant is younger than 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent/Guardian if Applicant is younger than 18

**Scholarship applications must be received by 4:30 p.m., April 12, 2024.** Submit the completed scholarship application, including the personal statement, via any of the options listed below:

1. email a PDF or jpeg to [nching@hawaii.edu](mailto:nching@hawaii.edu)
2. fax it to 808-692-1252
3. mail it to

John A. Burns School of Medicine  
Office of Medical Education, MEB 307  
651 Ilalo Street  
Honolulu, HI 96813  
ATTN: Noelani Ching

**Reminders:**

1. You must also submit the application to register for the program with UH Mānoa’s Summer Programs by April 12, 2024. The application is at <https://www.outreach.hawaii.edu/summer/managing-your-summer/how-to-apply-for-summer-sessions/summer-opportunities-for-high-school-students/>.
2. You will be notified by May 21, 2024 if you have received a scholarship.