



# ZONTA

CLUB OF  
HILO

## BUILD A BETTER WORLD FOR WOMEN AND GIRLS

### **Hawai'i Community College (HCC) Women's Nursing Degree Scholarship – 2024**

#### Qualification of Applicant

- Current enrollment as a full-time, first year student in the nursing degree program at HCC and with an above-average record in scholastic standing (3.0 or better GPA)
- Show a financial need

#### Filing of Application

Part A Application form

Part B Official transcript of cumulative grades from HCC

Part C Personal statement

- Reason for need of financial support
- Academic interest and vocational plans, especially after graduation
- Other community service activities, extracurricular interests, and hobbies

All of the above must be completed and submitted to by May 1, 2024 to: Zonta Women's Nursing Degree Scholarship Committee, HCC Nursing & Allied Health, Hale Aloha Room 109, 1175 Manono St., Hilo, HI 96720.

Or sent via email by May 1, 2024 to the Director of Nursing at [miguellb@hawaii.edu](mailto:miguellb@hawaii.edu). Applications submitted via email must be signed and sent as one PDF (including Parts A, B, and C).

#### Selection

Application deadline is May 1, 2024.

The Zonta Women's Nursing Degree Scholarship Committee will review applications and make its final selection(s). Award recipient(s) will be notified by May 2024.

#### Awarding of Scholarship

The recipient(s) shall be awarded a scholarship of \$1,000 or more.

If you have questions, contact [scholarships@zontahilo.org](mailto:scholarships@zontahilo.org)



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**Hawai'i Community College (HHC) Women's Nursing Degree Scholarship - 2024**

**Part A – Application Form**

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

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

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

Cell: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Expected graduation date: \_\_\_\_\_

Please attach Parts B & C

I hereby declare that I have read all the statements on the application form and that to the best of my knowledge and belief, they are complete and correct.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date