



The Foundation's goal is to encourage certain high school students, from specific geographic areas in the State of Hawaii, to obtain a college education.

The specific geographic areas where Hawaii Emergency Physicians Associated, Inc. (HEPA) practices Emergency Medicine are:

- Adventist Health Castle (Kailua)
- Wahiawa General Hospital (Wahiawa)
- Kahuku Medical Center (Kahuku)
- Hilo Medical Center (Hilo)
- North Hawaii Community Hospital (Kamuela)
- Hale Ho`ola Hamakua Hospital (Honokaa)
- Molokai General Hospital (Molokai)
- Kauai Veterans Memorial Hospital (Waimea, Kauai)
- Samuel Mahelona Memorial Hospital (Kapaa, Kauai)
- Ka`u Hospital (Pahala)
- Kona Community Hospital (Kealahou)
- Kohala Hospital (Kapaau)

The high school student we are endeavoring to assist is one that, without our assistance, most likely would not attend college. Therefore, our primary criterion for awarding a scholarship is financial hardship. Our goal is not to assist those students who would attend college without our support.

Scholarships are usually awarded at the rate of \$3,000 per student per academic year (\$1,500 per semester).

Student applications are forwarded to the respective hospital for selection. HEPA is not involved in the selection process.

For more information, contact Alicia Hatori at 808-263-7208 or by email : alicia@hepa.net



HEPA Education Foundation Scholarship Application Form

Name: _____

Address: _____

Phone Number (s): _____

Email address: _____

Name of School Currently Attending: _____

Date You Expect to Graduate: _____

College You Plan to Attend: _____

Student ID number, if known: _____

Please submit the following documents to your HEPA scholarship champion:

- Completed Application Form
- Personal letter describing future plans and goals (i.e. family, education, career) and financial need.
- Photocopy of most recent report card or transcript
- Photocopy of SAR report of Free Application for Federal Student Aid (FAFSA) for applicable school year
- Photocopy of acceptance letter from university, college or community college you plan to attend
- Two (2) letters of reference from teachers, counselors, employers, or other individuals who are familiar with your character and potential. Include this person's relationship to you (student)

Scholarship application is to be postmarked by Monday , April 14 2025 to:

HEPA Scholarship Committee of Kauai
C/O Steven Kline
PO BOX 1193
Waimea, HI 96796



Hawaii Emergency Physicians Associated (HEPA)
407 Uluniu St., Suite 411
Kailua, HI 96734

PERMISSION TO USE PHOTOGRAPH

() I grant to HEPA, its representatives and employees the right to take photographs of me. I authorize HEPA, its assignees and transferees to use and publish the same in print and / or electronically.

() I grant to HEPA, its representatives and employees the right to use the photographs of me indicated below. I authorize HEPA, its assignees and transferees to use and publish the same in print and / or electronically.

I agree that HEPA may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

I have read and understand the above:

Signature: _____

Printed Name: _____

Date: _____