



“In pursuit of excellence in education for all students”

2026 Scholarship Award Application
COLONEL ELLISON S. ONIZUKA MEMORIAL
Scholarship Award: \$2,500

Eligibility Criteria:

- Graduating senior at Konawaena High School
- Grade point average of 3.5 or higher
- Acceptance into an accredited institution of higher learning, community college, or 4 Year college or university
- Financial need

Application Procedure: Complete the form below, and submit required documents:

Required documents to be provided with application UNSTAPLED!

- Your current 3rd Qtr. Senior high school transcript (stamped official/original-no copies)
- One letter of recommendation from a school faculty member.
- One letter of recommendation from a business or professional person in the community.
- A list of your school and community activities (resume format) Include leadership positions, clubs, awards, and volunteer activities.
- A personal statement about yourself which should include:
 - * Your upcoming educational plans, including the college you will attend and your intended major;
 - * How your school and community activities have made an impact on yourself and others; and
 - * An explanation of your financial need.

Note: Funds to be used for school related expenses only.

Full Name of Applicant: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____ Phone #: _____

If I am the scholarship recipient, I grant the Konawaena Foundation permission to use my name & image related to the Foundation's mission and activities.

Date of Birth: _____ Applicant Signature: _____



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Name of Parent/Guardian: _____

Occupation: _____ Employer: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____ Phone #: _____

If my child is the scholarship recipient, I grant the Konawaena Foundation permission to use my child's name & image related to the Foundation's mission and activities.

Parent Signature: _____ Date: _____

Name of Parent/Guardian: _____

Occupation: _____ Employer: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____ Phone #: _____

If my child is the scholarship recipient, I grant the Konawaena Foundation permission to use my child's name & image related to the Foundation's mission and activities.

Parent Signature: _____ Date: _____

****Completed applications must be received by:**

Wednesday, April 15, 2026 by 3:30 p.m.

Place applications in the Konawaena Foundation's mailbox at the
Konawaena High School Front Office.

Mahalo!

Email: KonawaenaFoundation@gmail.com

Website: www.KonawaenaFoundation.org

81-1043 Konawaena School Road
Kealakekua, Hawaii 96750