



Kona Sunrise Rotary Club Dr Clifford Kopp DDS Scholarships

The Rotary Club of Kona Sunrise is offering two one-time \$1,000 scholarships in recognition of Dr Kopp to any West Hawaii High School Senior, including those who have been home- schooled. Cliff was a local Prosthodontist and leader of West Hawaii Rotary projects. He was known for his passionate support of the homeless with his circle the island walks to bring awareness to those living among us. Students applying for this scholarship must be registered in a 2 or 4 year program at any School/College or University. Payment of the scholarship will be made to the College/School/University that the student is registered at and will be submitted in one payment.

This Scholarship will be weighted based on three equal parts:

1. Financial need.
2. Merit (GPA & test scores).
3. Community service involvement.

Two letters of reference are required. At least one should be from a teacher or instructor who can share information regarding the student's career ambitions. A second letter should be from someone who knows the student well. Both letters should accompany the application.

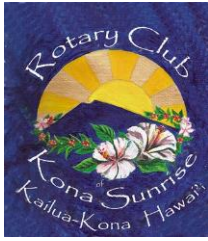
Applicant must provide either FAFSA or EFC data with the application form.

A personal statement of no more than two pages is required, using 12 point font and double spacing. The purpose of the statement is to allow the scholarship committee a chance to understand the applicant on a personal level, and should not be in a resume style format.

Applications will be accepted from January 10, 2019 through February 10th, 2019. Applications received postmarked after the due date will not be accepted. Applicants will be notified of their interview date as soon as possible, with interviews to take place before February 24th. Award notifications will be sent out no later than March 1 2019.

Applications must be submitted with the attached cover letter, and mailed to:

Rotary Club of Kona Sunrise
Scholarship Committee
P.O. Box 2343
Kailua-Kona, HI
96745



Rotary Club of Kona Sunrise Dr Clifford Kopp DDS. Scholarship Application Form

Please complete the following information and print clearly.

Date _____

Last Name _____

First Name _____

Mailing Address _____

City, State, Zip _____

Phone _____

Email _____

High School Attended _____

GPA _____

FAFSA or EFC _____

Check List for documents enclosed:

Document	Yes	No	Comments
FAFSA or EFC			
Two references letters			
Personal Statement			

.....
For Club Use Only
 Date Received _____
 Date Reviewed by Committee _____
 Interview Date _____
 Applicants Notified by Mail on _____
 Check Mailed to Institution on _____ Check # _____