

# Miss Hawaii Olakino Award

The Miss Hawaii Olakino Award was established to recognize and encourage Miss Hawaii contestants at both the local and state level who are pursuing careers in medicine or biomedical science. This year, local and state contestants with an interest in obtaining an MD or a PhD in a biomedical discipline may apply for the award.

Applicants for the award will be considered based upon their college transcript, personal statement and letters of recommendation. Awards will be granted only if there are qualified applicants.

Priority consideration for the award is as follows:

- 1) Current state and local contestants attending medical or graduate school
- 2) Former and local contestants attending medical or graduate school
- 3) Current state and local contestants applying to medical or graduate school
- 4) Former state and local contestants applying to medical or graduate school

Please note that application for this award does not exclude application for the Dr. and Mrs. Allman Scholarship which is sponsored by the national program.

Applicants should submit the following by June 1, 2009:

- 1) Completed application form with signature
- 2) Curriculum Vitae (educational resume)
- 3) Certified copy of college transcript (If you have attended several colleges, please submit transcripts only from schools where you have completed premedical or biomedical science courses. If you have not yet attended college, please submit your high school transcript. Please do not submit both your high school and college transcripts.)
- 4) Two reference letters from individuals not related to you who are familiar with your career goals. The writer's signature should be on the back of the envelope, across the seal.
- 5) Personal statement not more than a single typed page outlining your interest in medicine or research

Materials should be sent to:

Miss Hawaii Olakino Award  
c/o Miss Hawaii Organization  
P.O. Box 6371  
Kaneohe, Hawaii 96744

# Miss Hawaii Olakino Award

## 2009 APPLICATION

FULL NAME: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_  
(for tax purposes)

### MISS HAWAI SCHOLARSHIP SYSTEM EXPERIENCE

	<u>DATE</u>	<u>PAGEANT NAME</u>	<u>RESULT/AWARDS</u>
STATE:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
LOCAL	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

**EDUCATION**

Name of High School: \_\_\_\_\_

Years Attended: \_\_\_\_\_

Honors: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Extracurricular Activities: \_\_\_\_\_

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\_\_\_\_\_

Name of College/University: \_\_\_\_\_

Years Attended: \_\_\_\_\_

Degree: \_\_\_\_\_

Major: \_\_\_\_\_

Honors: \_\_\_\_\_

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Extracurricular Activities: \_\_\_\_\_

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Name of College/University: \_\_\_\_\_

Years Attended: \_\_\_\_\_

Degree: \_\_\_\_\_

Major: \_\_\_\_\_

Honors: \_\_\_\_\_

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Extracurricular Activities: \_\_\_\_\_

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\_\_\_\_\_

Name of Medical/Graduate School: \_\_\_\_\_

Years Attended: \_\_\_\_\_

Degree: \_\_\_\_\_

Department: \_\_\_\_\_

Honors: \_\_\_\_\_

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Extracurricular Activities: \_\_\_\_\_

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CERTIFICATION OF APPLICANT

I certify that the foregoing facts set forth in this application are true and complete. I understand that if any statements contained herein are false, I will not be considered for a scholarship or, if such a scholarship has been granted, that it is subject to forfeiture. I further authorize and give permission to the Miss Hawaii Organization, the scholarship committee or their duly authorized representatives to investigate the statements contained in this application, to contact any person or institution named herein, and to request any information it desires with respect hereto.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date