Hawaii Medical College Diploma-Based Partial Tuition Merit Award Program (PTMAP)

Students who graduated from a recognized Hawaii private or public high-school and are interested in a Health Care related field are eligible to apply for, and be considered for, the diploma-based Partial Tuition Merit Award Program (aka, PTMAP).

The process of applying and being accepted into the standard Hawaii Medical College academic curriculum is separate and distinct from the diploma-based Partial Tuition Merit Award Program application process outlined below. Each Hawaii Medical College academic curriculum start date maintains its own deadlines to which the prospective student must adhere to in order to qualify for the tuition merit award program.

The diploma-based Partial Tuition Merit Award Program provides an opportunity for newly graduated Hawaii private or public high-school students to qualify for a tuition waiver related to the Hawaii Medical College academic curriculum of their choice. Qualification for the PTMAP require that an awarded student continues to exemplify the academic spirit of the career-education focus at Hawaii Medical College. Eligible students who apply for the PTMAP are evaluated on an availability basis in accordance to the review and granting process all applicants must complete.

To be considered eligible for the waiver students must meet the following criteria:

- Must be a high-school graduate with an official copy of their Academic Transcript with a minimum GPA of 2.25 as calculated by their high school on a four-point grading scale
- Must provide a letter of recommendation from a teacher, guidance counselor, or principle.
- Must meet all Hawaii Medical College Admissions requirements [as published]
- Must apply for a full-time student schedule
- Must complete the Free Application for Federal Student Aid [FAFSA] and receive a valid Student Aid Report [SAR] prior to commencing academic study
 - o Be compliant with the eligibility criteria as defined by the U.S. Department of Education
 - Have demonstrated a financial need
- Must complete and submit a Healthcare industry related essay of no less than 250 words reflecting on their own desires to become a healthcare individual in the roles available within the industry related to the academic programs offered at Hawaii Medical College
 - Ouestions to be addressed in the essay include:
 - What are your educational and career goals?
 - How did you arrive at these goals?
 - How has your life experience impacted your goals and future aspirations?
 - What are your plans for after you graduate?
 - What supports do you have in your studies?

Accepted PTMAP students, while attending, will be eligible for up to \$2000 off the 2019/20 published tuition costs <u>and</u> are required to adhere to the administrative and academic standards as published in the catalog while completing their program of study at Hawaii Medical College:

- Individual PTMAP amounts may NOT exceed the actual tuition for the program approved
- Must be enrolled and engaged in a minimum of 5 credits per module within <u>each</u> 10-week academic session [unless the externship is the final course]
- Are evaluated for the continuation of eligibility at the end of each 10-week session
- Must achieve a minimum 10-week GPA of 3.2 as determined by each of the academic progress evaluation points during their first Academic Year [30 weeks] of the program
- Must achieve a minimum cumulative GPA of 3.4 at the end of the 30-week academic evaluation point [academic year]
- Recognize that ANY failed courses, grade of "F" are NOT covered under PTMAP. All "F" grades earned in any course must be reattempted at the standard tuition rate.
- ➤ Understand that multiple course withdrawals [including repeat attempts] are not covered under the PTMAP, and, any course that is withdrawn from more than once will remove eligibility for PTMAP for the subsequent 10-week session.
 - o A student may not withdraw from more than 4 total course attempts under the program
- Attendance must be documented as greater than ninety percent [90%] of the scheduled classroom lecture requirements for each course that a PTMAP is granted
- Must progress through the program at a rate of completion rate of eighty-five percent [85%] of the scheduled credits to date to maintain eligibility
- ➤ In addition, at the completion of the 1st Academic Year [30-weeks], **for a minimum of 10-weeks**, **all** TMAP students will be required to provide tutoring to current Hawaii Medical Students prior to graduation **OR** participate in the America Reads tutoring program for 1st and 2nd grade students in their school district **OR** participate in the Hawaii Parents and Children Together program.

Tuition Merit Award Program students are required to:

- > Maintain good academic and social standing and meet all requirements of Satisfactory Academic Progress
- > Be responsible for all non-tuition related expenses within their academic program
- > Meet all Federal Financial Aid required deadlines

Students who were approved, and, were recipients of PTMAP, and were disqualified for not meeting or maintaining the academic requirements may petition for reinstatement upon completion of a 10-week academic session where they MEET the requirements. The petition must outline the extenuating circumstances, such as a verified illness, accident, or circumstances beyond the students' control, that prevented the student from meeting the required academic standards.



Tuition Merit Award Program Application

- $\bullet \;\;$ Complete ALL applicable sections of the form in their entirety.
- Financial Aid Department will award remission in conjunction with other financial aid based on approved credit hours.
- If credit hours change please inform financial aid immediately. Any increase in credit hours require a revised form submission.

TO: ADMISSIONS DEPARTMENT

HAWAII MEDICAL COLLEGE	ACADEMIC YEAR: 2020		DATE:
STUDENT: Print or type the information	tion requested below. You must <i>personally</i> sig	un the Waiver Statement	
	I certify that I understand and meet all eligibi		Merit Award Program.
	,		,
STUDENT'S NAME		STUDENT'S SIGNA	TURE
STUDENT'S ADDRESS	CITY	STATE	ZIP
AUTHORIZED OFFICIAL: Print of Waiver Statement.	or type the information requested below and c	check the indicator(s) of economic	need. You must <i>personally</i> sign the
CERTIFICATION STATEMENT: stipulated below.	I certify that the student named on this form	is currently enrolled in Hawaii Me	edical College and meets the requirements as
AUTHORIZED OFFICIAL'S NAME		AUTHORIZED OF	FICIAL'S SIGNATURE
STUDENT PROGRAM START DATE		AUTHORIZED OF	FICIALS TITLE
NAME OF SECONDARY EDUCATIONAL	INSTITUTION OR ORGANIZATION	GED, HIGH SCHOO	DL DIPLOMA or OTHER
GRADUATION DATE		STUDENT DOB	
STUDENT: The following informa	tion must be reviewed and checked properly p	prior to submission of this form.	
☐ I hereby certify that I have read and understand the Tuition Merit Award Program and all responsibilities therein. ☐ By signing this form, I hereby certify that the information contained is complete and accurate. Falsification of any portion of this application will result in rejection of the application and may result in forfeiture of TMAP benefits and may be subject to disciplinary action, up to and including discharge from academic study.			
☐ FAFSA has been completed for this academic year and SAR has been received.			
PLEASE INDICATE AN □ CMA DIPLOMA □ CMA AAS DEGREE □ HABC DIPLOMA □ HABC AAS DEGREE □ PHARMACY TECHNIC	PPLICABLE PROGRAM		

If requesting a transfer of credit hours applicable to the program of study Director of Education must approve.