

KEVIN HODES AND BOB & JANE HODES MEMORIAL SCHOLARSHIP

About the Scholarship:

Kevin Hodes was passionately pursuing a career in theater, film, and writing when his life was cut short at the age of 28 by a previously undiagnosed heart ailment. Kevin greatly admired the legacy of his grandfather, Bob Hodes, who had passed away a few years before Kevin's birth. Two of Bob Hodes' admirable qualities, in his grandson's view, were an earnest devotion to both scientific research and the arts, as well as his courageous contributions to the causes of world peace and social justice. Kevin also appreciated his "gran'ma," Jane Hodes, for her lifelong commitment to these same causes.

Kevin's mother, Nancy Hodes, who is also the daughter of Bob and Jane, has established a scholarship fund in memory of these three loved ones.

Scholarship Amount:

• The scholarship amount is determined at the completion of the 2024-25 academic year. Recipients will be notified by the Office of Financial Aid during the summer of 2025.

Eligibility:

- The Kevin Hodes and Bob & Jane Hodes Scholarship is available to undergraduate students currently enrolled in the 2024-25 academic year who will be graduating during the 2025-26 academic year.
- Applicant must demonstrate a high aptitude for academic pursuits in the arts or sciences.
- Applicant must demonstrate a commitment to living a contributive life, to further the goals of world peace and social justice.

Application Deadline:

 The deadline to submit your application to the Office of Financial Aid is June 18, 2025 by 5:00PM PT.

SOKA UNIVERSITY OF AMERICA • OFFICE OF FINANCIAL AID • 1 UNIVERSITY DRIVE • ALISO VIEJO, CA • 92656

www.soka.edu/financialaid • financialaid@soka.edu • P: (949) 480-4342 • F: (949) 480-4151

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2025-2026 Kevin Hodes and Bob & Jane Hodes Memorial Scholarship (SCH)

Office of Financial Aid

SECTION A: Student Information						
Name (Last, First, MI):	SUA Student ID#:					
Current Grade Level:	Email:					
SECTION B: Eligibility						
1.) Expected Graduation Date:						
2.) Cumulative GPA:						
3.) Have you completed a 2025-2026 Financial Aid Application? YES NO						
4.) You must attach an unofficial transcript to your application.						
5.) Students must have unmet financial need, as determined by the Office of	Financial Aid.					
SECTION C: Certification (Check all boxes)						
Authorization – I authorize the Office of Financial Aid and/or the Sch university status and any of the information provided as part of this s	, ,					
Release – If I am selected as a recipient of this scholarship, I allow the scholarship application and demographic information to the donor are						
Thank You Letter – If I am selected as a recipient of this scholarship, I write a thank you letter to the donor prior to any scholarship funds by you letter will be delivered to the Office of Financial Aid. The Office of delivering the thank you letter to the donor.	eing awarded to my account. The thank					

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Office of Financial Aid

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1.) In the space below, describe your commitment to apply your Soka education to your future care	
demonstrate a commitment to living a contributive life, in order to further the goals of world peace	and social justice.
2.) List all significant awards, activities, leadership positions, service projects, and research projects	that support your
commitment to world peace and social justice:	•
(Please attach any supporting documentation that you believe would be relevant to this application	on.)

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Office of Financial Aid

SECTION E:	Demonstrated Willingness to Work Hard	
	elow, please describe what drives your passion for a Soka education and how your wo	ork ethic
demonstrates	a high aptitude for academic pursuits in the Arts or Sciences.	
SECTION F:	Signature	
understand that a If selected for this	rm, I certify that all the information reported on this application is complete and accurate to the best of any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repays s scholarship, it will be added to your financial aid package and may impact eligibility for other financial are Office of Financial Aid if selected and will be required to write a thank you letter to the donor prior to the	ment of this scholarship. aid awards. Recipients wil
Student Name (pr	rint) Student Signature Date	te
Applications and s	supporting documents can be mailed, mailed inter-office, hand-delivered or emailed to the Office of Fina	ancial Aid at

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financialaid@soka.edu with the subject line of: Kevin Hodes and Bob & Jane Hodes Memorial Scholarship.

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