

1.	NAME Last	Middle initial	First
	GENDER Male Female		
3.	DATE OF BIRTH (mm/dd/yyyy)	/ /	
4.	PERMANENT/MAILING ADDRESSES		
	Number & Street		Apt. #
	P. O. Box		
	City State	Zip	
	Cell Phone ()		
	Email		



5.	PARENT(S) OR LEGAL GUARDIAN(S)	
	ADDRESSES (if same as permanent and/or mailing addresses, we	rite SAME)
	Number & Street	Apt. #
	P. O. Box	
	City State Zip	
	Phone (
6.	Are you a United States citizen? Yes No	
7.	Are you a permanent resident of Lana'i City, Hawaii? Yes	No
8.	Did either parent graduate high school? No Yes, Mother_	Yes, Father
9.	Did either parent attend college? No Yes, Mother Y	es, Father
	Did either graduate? No Yes, Mother Yes, Father	
	Degree earned Mother: Associate's Bachelor's	Graduate
	Father: Associate's Bachelor's	Graduate



10. **LIST DATES ATTENDED** (month, year)

	SCHOOL	DA	TE
	LANA'I ELEMENTARY SCHOOL		
	LANA'I HIGH SCHOOL		
11.	DATE OF HIGH SCHOOL GRADU	JATION (month, year)	
12.	Did you take a foreign language in	high school? Yes	No
	If yes, which language(s)?	H	low many years?
		H	low many years?
13.	Have you been accepted to college If yes, give name and address of		
	Name		
	City	State	Zip
	Phone (



14. SELF-REPORTED ACADEMIC GPA (AGPA)

Calculate your **AGPA** using the following scale:

$$A - \text{ or } A = 4.00$$

$$B-$$
, B or $B+=3.00$

$$C-$$
, C or $C+=2.00$

$$D-$$
, D or $D+ = 1.00$

$$I, P, W, or E = 0$$

Please follow the **Application Instructions** and use additional sheets if necessary.

	X	Y	Z
COURSE NAME	CREDIT HOURS	GRADE VALUE	Column X multiplied by Column Y
			(cont.)



SELF-REPORTED ACADEMIC GPA (AGPA)

	X	Y	Z
COURSE NAME	CREDIT HOURS	GRADE VALUE	Column X multiplied by Column Y
		-	
TOTAL			
	Column Z divided by TO e nearest tenth.)	TAL from Col	umn X



15.	GRANTS/SCHOLARSHIPS/LOANS/WORK-S	TUDY		
	Have you been awarded any financial aid for th	e 2024	-2025 academic year? Yes	No
	If yes, list the source(s) and the amount:			
	SOURCE		AMOUNT	
		_		
		_		
		_		
		_		
		_		
16.	PERSONAL STATEMENT (Please attach)			
17.	FINANCIAL AID INFORMATION			
	Please attach a copy of your official 2023-2024	Stude	ent Aid Report (SAR). Be su	re that your

name, address and Expected Family Contribution (EFC) are included in the Report.



10.	TEST SCORES
	Please attach a copy of your most recent official ACT® Plus Writing Student Report or SAT Score Report
19.	Have you previously applied to The McNeil Scholar Program-Lana'i ? Yes No
	If yes, give the year(s)
20.	SIGNATURE
	I hereby certify that the information provided is true and correct. The Ronald D. & Regina C. McNeil Foundation, Inc. is authorized to verify information on this form.
	APPLICANT'S SIGNATURE DATE
	Make sure that you have followed the Application Guidelines and the Application Instructions before submitting your application. All materials must be postmarked no later than midnight April 15, 2024. Late, inaccurate or incomplete applications will not be processed.