THE MCNEIL SCHOLAR PROGRAM-LANA'I
FIRST TIME APPLICANT
APPLICATION
2027-2028

The Ronald D. & Regina C. McNEIL FOUNDATION Incorporated

1. **NAME** Last _____ Middle initial _____ First _____

2. **GENDER** Male _____ Female _____

3. **DATE OF BIRTH (mm/dd/yyyy)** _____ / / _____

4. **RACE/ETHNICITY** (PLEASE BE SPECIFIC)

_____

5. **PERMANENT/MAILING ADDRESSES**

Number & Street _____ Apt. _____

P. O. Box_____

City _____ State_____ Zip_____

Cell Phone ( ) _____ - _____

Email_____

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6. **PARENT(S)/LEGAL GUARDIAN(S) MAILING ADDRESSES**

(if same as permanent and/or mailing addresses, write **SAME**)

Number & Street_____ Apt. _____

P. O. Box_____

City _____ State_____ Zip_____

Phone ( ) _____ - _____

7. Are you a United States citizen? Yes _____ No _____

8. Are you a permanent resident of Lana'i City, Hawaii? Yes_____ No____

9. Did either parent graduate high school? No_____ Yes, Mother____ Yes, Father____

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10. Did either parent attend college? No _____ Yes, Mother _____ Yes, Father_____

Did either graduate? No_____ Yes, Mother____ Yes, Father____

Degree earned Mother: Associate's _____ Bachelor's _____ Graduate _____

Father: Associate's _____ Bachelor's _____ Graduate_____

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

SCHOOL	**DATE**
LANA'I ELEMENTARY SCHOOL	_____ to _____
LANA'I HIGH SCHOOL	_____ to _____

12. **DATE OF HIGH SCHOOL GRADUATION** (month, year) _____

13. Have you been accepted to college? Yes_____ No_____

If yes, give name and address of school you plan to attend.

Name_____

City _____ State_____ Zip_____

Phone ( )_____ - _____

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14. **SELF-REPORTED ACADEMIC GPA (AGPA)**

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

A– 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**
_____	____	___	_____
_____	____	___	_____
_____	____	___	_____
_____	____	___	_____
_____	____	___	_____
_____	____	___	_____

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SELF-REPORTED AGPA (cont.)

	X	Y	Z
COURSE NAME	**CREDIT HOURS**	**GRADE VALUE**	**Column X multiplied by Column Y**
_____	____	___	_____
_____	____	___	_____
_____	____	___	_____
_____	____	___	_____
_____	____	___	_____
_____	____	___	_____
_____	____	___	_____
TOTAL	____		_____

AGPA (**TOTAL** from Column Z divided by **TOTAL** from Column X rounded to the nearest tenth.) _____

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15. **PERSONAL STATEMENT** (Please attach)

16. **FINANCIAL AID INFORMATION**

Please attach a copy of your official 2027-2028 **FAFSA** Submission Summary. Be sure that your Student Aid Index (**SAI**) is included in the Summary.

17. **TEST SCORES**

Please attach a copy of your most recent official **ACT® Plus Writing** Student Report or **SAT Score Report**

18. **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, 2027. Late, inaccurate or incomplete applications will not be processed.

Please do not bind or staple your application