

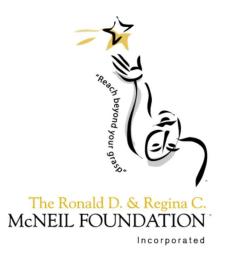
1.	NAME Last	Middle initia	l First	
	GENDER Male Fema			
3.	DATE OF BIRTH (mm/dd/yyyy	<b>/)</b> / /	_	
4.	RACE/ETHNICITY (PLEASE BE	ŕ		
5.	PERMANENT/MAILING ADDRE			
	Number & Street			Apt. #
	P. O. Box	_		
	City	State	Zip	
	Cell Phone ()			
	Email			



6.	PARENT(S)/LEGAL GUARDIAN(S) MAILING ADDRESSES	
	(if same as permanent and/or mailing addresses, write <b>SAME</b> )	-
	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



10.	Did either parent atte	nd college? No	Yes, Mot	her Ye	s, Father
	Did either graduate?	No Yes, M	lother Ye	s, Father	_
	Degree earned	Mother: Associat	e's Bach	elor's	Graduate
	Father: Associate's_	Bachelor's	Graduate		
11.	LIST DATES ATTEND	<b>DED</b> (month, year)			
	SCHO	DOL		DATE	
	LANA'I ELEMENTARY	SCHOOL			_
	LANA'I HIGH SCHOOL	-			
12.	DATE OF HIGH SCHO	OOL GRADUATIO	<b>N</b> (month, yea	r)	
13.	Have you been accept	ed to college? Ye	es No_		
If yes, give name and address of school you plan to attend.					
	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



#### **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 <b>TO</b>	TAL from Col	lumn X

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



Be sure that your

16.	FINANCIAL AID INFORMATION
	Please attach a copy of your official 2025-2026 <b>FAFSA</b> Submission Summary. Student Aid Index ( <b>SAI</b> ) 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, 2025. Late, inaccurate or incomplete applications will not be processed.

Please do not bind or staple your application