**THE MCNEIL SCHOLAR PROGRAM-LANA'I**
**FIRST TIME APPLICANT**
**APPLICATION**
**2025-2026**

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 _____

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 | _____ |
    | LANA'I HIGH SCHOOL | _____ |

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**.

| COURSE NAME | X CREDIT HOURS | Y GRADE VALUE | Z Column X multiplied by Column Y |
|---|---|---|---|
| _____ | ____ | ___ | _____ |
| _____ | ____ | ___ | _____ |
| _____ | ____ | ___ | _____ |
| _____ | ____ | ___ | _____ |
| _____ | ____ | ___ | _____ |
| _____ | ____ | ___ | _____ |

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**SELF-REPORTED AGPA (cont)**

| COURSE NAME | X<br>CREDIT HOURS | Y<br>GRADE VALUE | Z<br>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 2025-2026 **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, 2025. Late, inaccurate or incomplete applications will not be processed.**

    **Please do not bind or staple your application**