CRITERIA: This scholarship shall be awarded to a high school student who:

1. Has a demonstrated intention to pursue a career related to marine biology, ocean science or environmental protection issues.

2. Shows evidence that he or she will make a significant contribution to the total program of MPI.

3. Is a candidate for financial aid.

Application deadline: January 31
THE BYRON HIPP MEMORIAL SCHOLARSHIP

Name: ____________________________________________________________

Address: __________________________________________________________

City/State/Zip: _____________________________________________________

Telephone: (Home) __________________________ (Cell) __________________ E-Mail: ________________________________

Current School: ____________________________________________________ Current Grade: ______________

1. Tell us of your current school and community services.

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2. Tell us of your current participation in class and sports affairs.

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3. Briefly tell us about your aspirations (professional/personal) as related to continued serious academic study.

4. Please submit an essay of not more than 1,000 words explaining why you should be considered for this scholarship. Please attach the essay to this form. IMPORTANT NOTE: In conjunction with writing the essay, the applicant should read and consider six pages of excerpts from Byron Hipp's journal, which he wrote while working at sea as a hard-hat diver. The journal can be viewed at www.midpac.edu/admissions.
DIRECTIONS FOR THE BYRON HIPP MEMORIAL SCHOLARSHIP

Please remember that the process for all scholarship applications is completely separate from the process for admissions applications. Even though your admissions file might contain documents needed for a scholarship, it is your responsibility to submit duplicate documentation for each scholarship for which you are applying. Unfortunately, requests for the Admissions Office to make copies of your documents cannot be granted due to the volume of both admission and scholarship applications.

1. Please submit the following items to the Mid-Pacific Office of Admissions by January 31.
   - Completed scholarship application form. (Please note that incomplete or late applications will not be accepted.)
   - Essay.
   - A copy of your transcripts.*
     * Returning Mid-Pacific Institute students need to request these items from the Damon Hall Records Office and have them sent to the Office of Admissions.
   - A copy of your SSAT test scores.*
   - Two official recommendation forms must be submitted. One must be from a current/recent teacher; the other must be from an adult (other than a family member or family friend) who knows you well outside of the classroom (counselor, coach, advisor, pastor, work supervisor, etc.).

   Each recommending person should be provided with one of the Byron Hipp Scholarship recommendation forms and a stamped envelope addressed to:

   Mid-Pacific Institute
   Office of Admissions
   2445 Ka'ala Street
   Honolulu, HI 96822

2. Submit the following to the Office of Admissions by February 15.
   - Financial aid application and all applicable documents. First-time financial aid/scholarship applicants may pick up/or request financial aid forms from the Office of Admissions.

By signing below I attest that the information included in this application is accurate to the best of my knowledge.

Student signature: ____________________________ Date: ________________

Parent/guardian signature: ____________________________ Date: ________________

If you have questions, please feel free to contact the Office of Admissions at 973-5005.
THE BYRON HIPP MEMORIAL SCHOLARSHIP RECOMMENDATION FORM

The student listed below is applying for the Mid-Pacific Institute Byron Hipp Memorial Scholarship. Please complete this form and mail it directly to the Office of Admissions in the envelope provided by the student. Feel free to include a letter or any additional information you feel may be beneficial to the selection committee. We value your input and will make sure that your comments remain confidential at all times. Thank you for your time and cooperation.

Student’s name:________________________________________________________________________________

Name of person completing this form:______________________________________________________________

Relationship to student (cannot be a family member or friend): __________________________________________

Title/position:__________________________________   Institution:_____________________________________

Work phone: __________________________________    Email:________________________________________

How long and in what capacity have you known this student?

Compared to other students at a comparable age, please rate this student on the following criteria:

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<th>Above Average</th>
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In your opinion, what makes this student special? You may attach a letter or additional sheets as necessary.

______________________________________________________________________________________________________

______________________________________________________________________________________________________

______________________________________________________________________________________________________

______________________________________________________________________________________________________

Signed:_______________________________________________   Date:__________________________________
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