MASAICHI IMOTO SCHOLARSHIPS

For students entering grade nine

Students entering the ninth grade at MPI are invited to apply for this full tuition waiver, which is renewable for three years. The purpose of the Imoto Memorial Scholarships is to offer a quality college-preparatory education to motivated students who would otherwise be prevented from attending MPI due to financial constraints.

Potential recipients must demonstrate:
- Financial need
- Solid academic abilities
- Strong moral character
- Positive attitude
- Service to others
- Leadership potential

Application deadline: January 31
MASAICHI IMOTO 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 activities.
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3. Indicate your reasons for applying for the scholarship.

4. Briefly tell us about your aspirations (professional/personal) as related to continued serious academic study.
DIRECTIONS FOR THE MASAICHI IMOTO SCHOLARSHIPS

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.)
   - 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 Imoto 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 MASAICHI IMOTO SCHOLARSHIP RECOMMENDATION FORM

The student listed below is applying for the Mid-Pacific Institute Masaichi Imoto 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>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Excellent</th>
<th>Top 1%</th>
<th>No Basis To Judge</th>
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In your opinion, what makes this student special? You may attach a letter or additional sheets as necessary.

______________________________________________________________________________________________________

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Signed:_______________________________________________   Date:__________________________________
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