



MAMORU AND AIKO TAKITANI FOUNDATION, INC.

P.O. Box 10687 • Honolulu, Hawaii 96816-0687 • (808) 228-0209 • info@takitanifoundation.org

2017 SCHOLARSHIP APPLICATION FORM

Scholarships recognize outstanding students who exemplify the qualities of hard work, high academic achievement, commitment to excellence, a proven dedication to our community and a demonstrated need for financial assistance.

Students must submit completed applications to their college counselor/senior advisor by Wednesday, February 1, 2017.

Please do not submit this application to the Takitani Foundation. Any application received directly from students will not be reviewed or returned.

Legal name _____
(PRINT) Last First Middle

Present High School _____ Month/Year of graduation _____

Home Address _____
City State Zip Code

Mailing Address _____
City State Zip Code

Home phone _____ Cell phone _____ Email _____

Birth Date _____ Birthplace _____

Hawaii Resident (yes/no) _____ Gender (M for male, F for female) _____

High School(s) attended and dates of attendance _____

Mother's Name _____ Father's Name _____

Or Guardian's name _____

Address for Mother or Father or Guardian, if different from yours:

Address _____ City State Zip Code

Part I Short Answer

1. List your GPA for grade 9 _____ 10 _____ 11 _____ 12 _____ (1st semester)

Cumulative GPA for grades 9 -12 _____

SAT or ACT Scores (List your highest scores and attach a copy of your score report with your application):

SAT: Critical Reading _____ Math _____ Writing _____ ACT composite score _____

SAT Subject Test Score(s): Subject _____ Score: _____ Subject _____ Score _____

Subject _____ Score _____

If you are selected as your school's Takitani scholarship recipient, your school will submit a copy of your official transcript with your application. Please do not send individual copies of your transcript to the Foundation.

2. List any academic achievements, scholarships, awards and honors you have received since 9th grade.

9 ___ 10 ___ 11 ___ 12 ___ _____

9 ___ 10 ___ 11 ___ 12 ___ _____

9 ___ 10 ___ 11 ___ 12 ___ _____

9 ___ 10 ___ 11 ___ 12 ___ _____

9 ___ 10 ___ 11 ___ 12 ___ _____

9 ___ 10 ___ 11 ___ 12 ___ _____

3. List your **principal co-curricular activities** (school-sponsored activities or those associated with school curricula, e.g. language arts, math or science clubs, student government, athletic teams, etc.) in the order of their interest to you and degree of involvement. Include leadership roles or offices held, and/or major accomplishments such as musical instrument played, varsity letters earned, honors and distinctions, etc., if applicable.

9 ___ 10 ___ 11 ___ 12 ___ _____ Hours per week _____

9 ___ 10 ___ 11 ___ 12 ___ _____ Hours per week _____

9 ___ 10 ___ 11 ___ 12 ___ _____ Hours per week _____

9 ___ 10 ___ 11 ___ 12 ___ _____ Hours per week _____

9 ___ 10 ___ 11 ___ 12 ___ _____ Hours per week _____

9 ___ 10 ___ 11 ___ 12 ___ _____ Hours per week _____

4. List your **voluntary** participation in **community service organizations and extra-curricular activities** (activities *not connected to school*, e.g. national organizations outside of school, dance or music classes, special enrichment activities, etc.) and length of involvement. Include specific events, leadership roles or offices held, honors and distinctions, etc., if applicable.

9 ___ 10 ___ 11 ___ 12 ___ _____ Hours per week _____

9 ___ 10 ___ 11 ___ 12 ___ _____ Hours per week _____

9 ___ 10 ___ 11 ___ 12 ___ _____ Hours per week _____

9 ___ 10 ___ 11 ___ 12 ___ _____ Hours per week _____

9 ___ 10 ___ 11 ___ 12 ___ _____ Hours per week _____

9 ___ 10 ___ 11 ___ 12 ___ _____ Hours per week _____

5. List any **work experiences** (including summer employment) you have had since the 9th grade.

Dates of employment: _____ Company: _____

Duties: _____

Dates of employment: _____ Company: _____

Duties: _____

Dates of employment: _____ Company: _____

Duties: _____

6. Choose **one** activity you have participated in from #3, #4 or #5 and briefly explain why it is meaningful to you.

7. List the colleges, universities, community colleges or trade schools to which you have applied. If you are accepted at a school before February 9, 2017, attach a copy of your acceptance letter(s). If you are accepted after February 9, 2017, be prepared to submit a copy of your acceptance letter upon request.

8. Attach a copy of the Free Application for Federal Student Aid (FAFSA) **Student Acknowledgement Report (SAR)**. If you have not received a SAR by the time of submission, please submit a copy of the page from your FAFSA application that indicates an estimated family contribution (**EFC**).

9. Submit the first page of your parents' or legal guardian's Federal Income Tax Return (Form 1040) for the year 2015 or the year 2016. Please **BLACK OUT** social security numbers for privacy and security before submission.

10. Provide two (2) letters of recommendation. One letter must be from a **member of the school faculty** and the other must come from a **community person outside of your school with whom you have had a working relationship**. A recommendation written by a relative is not permitted or acceptable. Please advise your recommenders that their forms are due no later than February 1, 2017 and provide each recommender with a stamped envelope addressed to **your senior advisor/college counselor**. **No recommendations are to be sent directly to the Foundation.**

Part II – Essay: The Scholarship Selection Committee is looking for an essay that will help us get to know you as a person and as a student. In the space provided, please submit a thoughtful, concise essay (500 words, double spaced) that describes each of the following topics. Please TYPE your essay and enter your name and school on each page. **Your essay will be evaluated on how completely you discuss the following:**

- A. Your personal goals and how this scholarship would help you attain them
- B. How your plans will benefit Hawaii and its community after graduation
- C. Any financial or related circumstances you would like the Foundation to consider

Part III – Personal Photos: Please enclose **two wallet-size, head shot photos** of yourself for publicity purposes and *carefully* (to avoid an imprint on the opposite side) write your name and the name of your school on the back of each photograph. These photos will not be returned.

Part IV – Signatures

I hereby declare that I have prepared this application to the best of my ability and that the information provided herein is correct and complete.

I agree to personal interviews at the request of the Foundation. I also authorize the Foundation to use my name and photograph for publicity purposes should I be granted a scholarship.

I understand that I am ineligible for any Takitani Foundation Scholarship Award if I am related to a member of any individual acting on behalf of the Takitani Foundation, any director of the Takitani Foundation or any director or executive of Hawaiian Host, Inc.

I understand that my eligibility for any Takitani Foundation Scholarship Award shall be dependent on satisfactory completion of my studies commensurate with the level of academic achievement as reported in this application.

I further agree that any award shall be subject to review by the Takitani Foundation should my plans for higher education change in any way.

I understand that failure to meet the deadlines included in this application will disqualify me as a candidate. I further understand that if awarded a scholarship, failure to meet other paperwork deadlines required by the Takitani Foundation may result in the loss of my scholarship.

Applicant's Signature _____ Date _____

I verify that I have read this application and that the information provided herein is correct and complete. I further understand and agree to all the conditions stated above.

Parent's/Guardian's Signature _____ Date _____



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2017 SCHOLARSHIP RECOMMENDATION FORM

SCHOOL FACULTY RECOMMENDATION

Any individual related to the candidate may not submit a recommendation.

Please print or type your responses below and attach this form to your recommendation.

Recommendation for _____ School _____
(Applicant's Name) (school applicant attends)

Name of Recommender _____

Telephone _____ Email _____

Relationship to Applicant _____
(teacher, counselor, advisor, etc.)

Length of time you have known and worked with this applicant _____ (months, years)

The above-named student is an applicant for the Mamoru and Aiko Takitani Foundation Scholarship Award. Using the guidelines below, please attach your recommendation to this cover sheet and submit it **directly to the senior advisor/college counselor of this applicant's school by Wednesday, February 1, 2017**. Please do **not** send any recommendations directly to the Foundation. All comments will be considered strictly confidential.

On a separate sheet of paper, please address the following (please type or print responses):

1. To the best of your ability, please describe this applicant's intellectual promise, motivation, maturity, initiative, leadership potential, capacity for growth, concern for others, respect accorded by members of your school, and ability to become a valuable, contributing member of society. Your recommendation should include specific details and examples and describe the depth and scope of your interaction with this applicant.
2. Please describe any special circumstances in this applicant's background, financial or otherwise, that you feel would be helpful to the scholarship committee in differentiating this applicant from others.

We read and re-read each recommendation and appreciate your thoughtful, timely comments on behalf of this candidate.

Thank you,
The Scholarship Committee
MAMORU AND AIKO TAKITANI FOUNDATION, INC.



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2017 SCHOLARSHIP RECOMMENDATION FORM
COMMUNITY MEMBER RECOMMENDATION

Recommender may not be a faculty or staff member of the high school this applicant attends.

Any individual related to the candidate may not submit a recommendation.

Please print or type your responses below and attach this form to your recommendation.

Recommendation for _____ School _____
(Applicant's Name) (school applicant attends)

Name of Recommender _____

Organization _____

Telephone _____ Email _____

Length of time you have worked with this applicant _____ (months, years)

The above-named student is an applicant for the Mamoru and Aiko Takitani Foundation Scholarship Award. Using the guidelines below, please attach your recommendation to this cover sheet and submit it **directly to the senior advisor/college counselor of this applicant's school by Wednesday, February 1, 2017**. Please do **not** send any recommendations directly to the Foundation. All comments will be considered strictly confidential.

On a separate sheet of paper, please address the following (please type or print responses):

1. Your knowledge of the applicant and his/her work with you and your organization.
2. To the best of your ability, please describe this applicant's intellectual promise, motivation, maturity, initiative, leadership potential, capacity for growth, concern for others, respect accorded by members of your organization, and ability to become a valuable, contributing member of society. Your recommendation should include specific details and examples and describe the depth and scope of your interaction with this applicant.
3. Please describe any special circumstances in this applicant's background, financial or otherwise, that you feel may be helpful to the scholarship committee in differentiating this applicant from others.

We read and re-read each recommendation and appreciate your thoughtful, timely comments on behalf of this candidate.

Thank you,

The Scholarship Committee

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