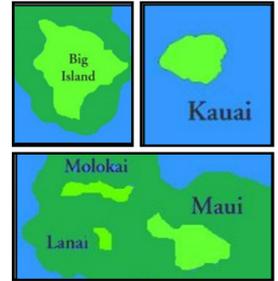




MED-ASSIST SCHOOL OF HAWAII NEIGHBOR ISLAND GRANT APPLICATION FORM



A \$500 Neighbor Island Grant will be offered to any permanent resident of the Big Island of Hawaii, Kauai, Maui, Molokai, or Lanai, who attends the Med-Assist School of Hawaii on Oahu. This is a tuition discount program wherein the standard tuition is reduced by the value of the grant. It does not cover other costs such as books, supplies, and living costs, although should the student receive other forms of financial assistance (e.g. financial aid, other forms of grants or scholarships, etc.) to the extent that these resources become greater than the reduced tuition (as a result of this grant) and causes a credit in the student's billing account, a refund will be provided to the student which can then be used to pay for other expenses. This grant shall be awarded to any neighbor island student who is regularly admitted (i.e. non-probation) to the Med-Assist School of Hawaii and who completes this application form.

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

RESIDENT NEIGHBOR ISLAND: ___ Hawaii ___ Kauai ___ Maui, Molokai, Lanai

EXPECTED MED-ASSIST START DATE: Month _____ Year _____

CERTIFICATION: My signature below certifies my understanding of the eligibility requirements for this grant, that my permanent residence is indeed on one of the neighbor islands (as designated above), that all other information listed on this form is correct, and that I understand that the Neighbor Island Grant is intended to produce graduates from the Med-Assist School of Hawaii. In the event that I do not complete the academic program I realize that my grant, should I be so awarded, will be pro-rated by the ratio of the number of days I attended to the total number of days in the program.

Signature

Date

Return This Form To:

Med-Assist School of Hawaii
345 Queen St., #400, Honolulu, HI 96813
808-524-3363 (Tel) 808-524-1562 (Fax)
info@mash.edu www.mash.edu