

The Muto Family Charitable Foundation, Inc.

M-Grant Application

About the M-Grant

The Muto Family Charitable Foundation, Inc. (the "Foundation") is a Hawaii nonprofit corporation, currently pending exemption from tax under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended. The purpose of the M-Grant is to financially assist young adults pursuing professions in health care in the State of Hawaii.

Instructions

1. Complete all lines unless otherwise indicated.
2. Sign the application. If you are under the age of 18, please have your parent or guardian sign the application also.
3. Obtain three (3) letters of recommendation from your teachers or community members.
4. Submit the completed application, the three letters of recommendation, and any information regarding your economic status (see Part IV, Q.4) electronically to Robin Muto at rpmuto@aol.com or via mail at 11 Huapala Pl., Lahaina, HI 96761.
5. The deadline for this Application is May 1, 2020.

PART I: Applicant Information

Name	
Address	
Phone Number	
Alternate Phone Number (optional)	
Email	
Date of Birth	

PART II: Educational Information

High School and Graduation Date	
I have been accepted into, and I plan to attend, the following college, university, or other post-secondary educational institution:	
Intended degree and major:	
Expected length of study and graduation year:	
Amount Requested (Not to exceed \$15,000)	

PART III. Budget

A. Expenses

Please provide an annual budget for the Applicant. Please add any other categories as needed.

<i>Category</i>	<i>Annual Amount</i>
Tuition	
Housing	
Books	
Transportation	

B. Other Sources of Funding

Please list other sources of financial support (e.g. loans, scholarships, savings, family members, etc.) and the amount of funding anticipated:

<u>Source</u>	<u>Annual Amount</u>

PART IV: Additional Questions

1. Please summarize your educational background and your plans for the future.

2. What inspired you to pursue a profession in health care?

3. Why do you want to live in the State of Hawaii after you receive your degree?

4. **Optional:** Please explain your economic circumstances and challenges. Please feel free to provide supporting documentation, such as a FAFSA application or tax returns.

PART V: Applicant's Acknowledgments and Agreements

By signing below, the Applicant agrees to the following:

1. The answers provided in this Application are true and correct.
2. The Applicant acknowledges and understands that the Applicant must expend the funds according to the budget submitted above and the Applicant further agrees to return any unused funds by December 31, 2021.
3. The Applicant agrees to provide to the Foundation annual transcripts for each year that Applicant receives a grant from the Foundation.
4. Upon completion of his or her education, the Applicant agrees to provide a degree certificate to the Foundation.
5. Immediately upon completion of his or her education, the Applicant agrees to permanently reside in Hawaii and maintain employment in the health care industry for a period of at least five (5) consecutive years. The Applicant agrees to provide verification of employment status as requested.
6. If the Applicant does not satisfy the requirements of paragraph 5 above, the Applicant agrees to immediately return all grants received from the Foundation to the Foundation or its successor.
7. The Applicant acknowledges and understands that approval is explicitly contingent on the acceptance of the terms and conditions which are set forth above.

SIGNATURES:

Applicant

Date

Parent or Guardian of Applicant,
If Applicant is under 18 years old

Date