

STUDENT CERTIFICATION

To: David S. Ishii Foundation
Dayton Asato – College Scholarship Committee

I am the _____ of
(Position of person making the certification)

_____. I certify that
(Name of the school)

_____ is registered as a full-time
(Name of student-awardee)

student at our school located in _____
(City and State)

for the school year _____.

_____ Date: _____
(Signature of person certifying)

(Print name of the signatory)

I understand and agree that a check in the amount of \$1,000.00 will be made payable to both the school and me and will be issued upon the Foundation's receipt of this Certification. I further understand that this student certification must be submitted annually. I will notify you immediately if I am no longer a full-time student, if I do not maintain a grade point average of 2.0 for each quarter or semester, or if I am otherwise no longer eligible for the scholarship.

_____ Date: _____
(Signature of the student-awardee)

Mailing address: _____

Please complete, sign and mail no later than September 30th of the applicable school year to: David S. Ishii Foundation

P.O. Box 2927

Aiea, Hawaii 96701

Or email: info@davidshiiifoundation.org and mail the original.

A copy of this Certification will also be available online.