

# HAYES MISSION

HERE AT  
**HAYES MISSION SCHOOL,**  
Bomi. Co., Liberia, West Africa...  
**WE TRAIN UP A CHILD IN THE  
WAY HE SHOULD GO:  
AND WHEN HE IS OLD,  
HE WILL NOT DEPART FROM IT...**

**Bomi Hills,  
P.O. Box 814  
1000 Monrovia 10  
Liberia, West Africa  
Telephone: 231-393-1000  
[admissions@hayesmission.org](mailto:admissions@hayesmission.org)**

*Recent  
photograph  
of  
candidate*

## APPLICATION FOR SCHOLARSHIP

## STUDENT FORM

### Part I

Name of Applicant \_\_\_\_\_

First Name

Middle Name

Last Name

Preferred Name

### Applicant's Interests

(All responses should be handwritten)

Describe your level interest and participation in school activities (school prefect, volunteer groups, clubs, etc). List any awards or honours you received in the past two years. Attach an activities sheet if you wish.

Describe your level of interest and participation in summer activities (camps, jobs, etc.)

Describe your level of interest and participation in the visual and performing arts and/or music. List any awards and honours you received in the past two years.

Describe a person you admire or who has influenced you a great deal.

What makes you the interesting person that you are? (Be sure to include the qualities you like best about yourself)

Why are you applying to Hayes Mission, and what do you hope to gain from attending?

What else would you like us to know about you?

## Part II: Student Essay

### Student Essay

Topic: Describe the most unforgettable moment in your life (handwritten, in 250 or more words)

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Signature of Applicant

Date: \_\_\_\_\_

Please return this form to:

**The Principal  
Hayes Mission School  
P.O. Box 814  
1000 Monrovia 10, Liberia**

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## APPLICATION FOR SCHOLARSHIP

### Part III: Principal, Head or Counselor Recommendation

**Student:** Please type or print your name and give this form to your current Principal/Counselor.

\_\_\_\_\_  
Name of Student:

\_\_\_\_\_  
Applying to Grade:

**To the Parent/Guardian:** Please read and sign the statement below.

I acknowledge that I waive my right to read the confidential teacher recommendation and the school report for the student listed above.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date:

**Principal, Head or Counselor:** Thank you for your time and care in completing this Recommendation for the student named above. This recommendation will remain confidential and will not become part of the student's permanent record. We sincerely appreciate your cooperation and candor.

Your Name \_\_\_\_\_

Title \_\_\_\_\_ School \_\_\_\_\_

How long have you known the student? \_\_\_\_\_

What are the first three words that come to mind to describe this student?

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Number of students in applicant's entire grade \_\_\_\_\_ Rank in class (from top) \_\_\_\_\_

Has the student in any way been a disciplinary problem? Briefly note and explain any serious actions taken \_\_\_\_\_

Has the student advanced to the next grade annually?  Yes  No

*If no, please explain* \_\_\_\_\_

How would you rank the student in the following area compared with students of the same age?  
*Please evaluate the candidate by placing a check in the appropriate column.*

	Truly Outstanding (Top 5%)	Excellent	Good	Average	Below Average	Comment
Character	_____	_____	_____	_____	_____	_____
Intellectual Curiosity	_____	_____	_____	_____	_____	_____
Potential for Growth	_____	_____	_____	_____	_____	_____
Summary Evaluation	_____	_____	_____	_____	_____	_____

What are the student's strengths?

As a student \_\_\_\_\_

As a person \_\_\_\_\_

In which areas does this student need improvement?

As a student \_\_\_\_\_

As a person \_\_\_\_\_

Does the student attend school regularly?  Yes  No

Is there a problem with tardiness?  Yes  No

*If so, please explain* \_\_\_\_\_

How well does this student accept advice or criticism? \_\_\_\_\_

Which words best describe the student's thinking?  Imitative  Independent  
 Creative  Other \_\_\_\_\_

Does this student have any particular interests or affinities you would like to share with us?  
 \_\_\_\_\_  
 \_\_\_\_\_

Within your range of experience, how would you rate this student?  Truly outstanding (top 5%) [  
 Excellent  Good  Average  Below Average

Is there any other information that would be helpful to us in evaluating the ability of this student to perform at Hayes Mission School?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Again, thank you for your time and the helpful information you have provided.*

Please seal and return this form to:

**The Principal  
 Hayes Mission School  
 P.O. Box 814  
 1000 Monrovia 10, Liberia**