



# 'Imi Pono no ka 'Aina

## Summer Enrichment Program 2013

### Application Form

**DUE: Friday, May 10, 2013**

**Mail application to:**  
Lahela Camara  
19 East Kāwili St.  
Hilo, HI 96720

Name \_\_\_\_\_

First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Name that you go by \_\_\_\_\_ Gender: M F Date of birth (MM/DD/YYYY): \_\_\_\_\_

Parent/Guardian (First, Last): \_\_\_\_\_

School attending: \_\_\_\_\_ Current Grade level: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Residence address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number (Parent): \_\_\_\_\_

E-mail address (Parent): \_\_\_\_\_

Optional: Student e-mail address: \_\_\_\_\_

THIS APPLICATION SHOULD BE FILLED OUT BY THE STUDENT NOT THE PARENT

Please answer the following :

1) Please check which session you are interested in:

- \_\_\_\_\_ Session 1: June 3-14, 2013 (Based out of Hilo)
- \_\_\_\_\_ Session 2: July 1-12, 2013 (Based out of Ka'ū)

2) Have you applied for this program before? \_\_\_\_\_ NO \_\_\_\_\_ YES, When \_\_\_\_\_

3) How did you hear about this program? Please check one of the following:

- \_\_\_\_\_ Family member/Friend \_\_\_\_\_ Newspaper \_\_\_\_\_ School
- \_\_\_\_\_ Other (Please explain) \_\_\_\_\_

4) This program will require you to participate in several projects in varying weather conditions. Describe your skills and experiences (hunting, fishing, hiking, etc.) that demonstrate your interest in the environment and ability to work in an outdoor setting.

5) The activities will generally be scheduled from 7:30 a.m. – 4:30 p.m. for each day of the program, with the exception of the overnight trips (1per week, 2 nights each) and 1-2 days that may run until 5:30 p.m. Do you have any plans that would interfere with your full participation?

\_\_\_\_\_Yes (Please explain) \_\_\_\_\_No

6) In the space below, please explain why you want to participate in this program.

7) What are your alternate plans if you are not accepted into this program?

8) REFERENCE: Please name an adult who is not related to you and is willing to have us contact them by phone. They should know you well and be able to describe your capabilities and interest in this program. List a phone number and circle what time of day is best to reach them at that number.

_____	_____	_____
Print Name	Relationship (Teacher, Friend, etc.)	Phone number Day/Evening

**Applications are due FRIDAY, MAY 10, 2013**

Confirmation of your space in the program will be done via phone or email May 13-17, 2013. For all confirmed participants, a mandatory meeting will be held:

For June session (Hilo): Thursday, May 30, 2013 at 6:00 p.m in Hilo (Site to be determined)

For July session (Ka’ū): Thursday, June 27, 2013 at 5:00 p.m. in Ka’ū (Site to be determinde)

All participants and parents are required to attend. Please call if you have any extenuating circumstances.

\_\_\_\_\_

Applicant’s signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent’s or Guardian’s name (print)

\_\_\_\_\_

Date

\_\_\_\_\_

Parent’s or Guardian’s signature



THREE MOUNTAIN ALLIANCE