



## Summer Bridge

Location: University of Hawai`i at Mānoa July 27 – August 14, 2015 Time: 10:00 – 5:30 pm

### **THE PROGRAM**

The Sulong Aral Summer Bridge program is a **FREE** summer and academic year program for incoming students intending on transferring to the University of Hawaii at Mānoa. The Summer Bridge Program will explore Filipino identity in the context of higher education and promote the importance of Filipinos in higher education. Summer Bridge scholars will receive two college classes during the summer worth 6 credits. In addition, they will receive training that will prepare them for their academic life at UH Mānoa. Students will be taking the following classes:

- **EDEF 408 (*Community and Culture*)** Theoretical and practical approaches to understanding the constitution of community life. A focus on the social construction of normative values, social dynamics of organizations, and school-community relations.
- **IP 360 (*Filipino Food, Music, and Rituals: Art and Culture Studies*)** Study and analysis of the art and culture of Filipino food, music, and rituals-history, forms, social development, influences, and impact.

### **WHO IS ELIGIBLE?**

Interested Students **MUST** have either been a current or previously Leeward CC student. Applicants must also plan on attending the University of Hawai`i at Mānoa for further higher education.

**First Priority** will go to those who meet one or more of the following criteria:

- Will transfer from Leeward Community College to the University of Hawai`i at Mānoa
- Is a member of either Sulong Aral or Summer Bridge 2014
- Is a member of an underrepresented community at Leeward Community College
- Students of Filipino Ancestry

### **COST & REQUIREMENTS:**

Sulong Aral pays for all student fees, summer books, and two summer classes for Summer Bridge.

#### **Requirements:**

- One recommendation from any UH faculty and staff submitted in sealed envelope enclosed in your application packet

Students accepted into SUMMER BRIDGE are expected to be active participants and are required to do the following:

- Attend two mandatory advising sessions per the Spring 2015 semester
- Attend two mandatory activities coordinated by Sulong Aral per the Spring 2015 semester

## **Application:**

Drop off completed application and required attachments (see checklist below) to the Sulong Aral office by Monday, April 27, 2015 at 4:30PM. You can also submit it through email as a pdf file to our email address.

Sulong Aral

Room: DA-204

Email: [sulong2@hawaii.edu](mailto:sulong2@hawaii.edu)

### **Checklist for use by Applicant**

- Application Form
- Three Essays
- Unofficial Transcripts
- Recommendation Letter in Sealed Envelop
- Media Release Form
- Risk and Release Waiver Form

For more information or if interested, please contact:

Jeffery Acido, PhD

Sulong Aral Program Coordinator

(808) 455-0529

[acido@hawaii.edu](mailto:acido@hawaii.edu)

SULONG ARAL  
University of Hawai'i  
Leeward Community College  
SUMMER BRIDGE 2015 APPLICATION

**Personal Information:**

Name: \_\_\_\_\_  
*Last First Middle Name*

Current Mailing Address: \_\_\_\_\_  
*Street & Number*

\_\_\_\_\_  
*City State Zip Code*

Birthdate: \_\_/\_\_/\_\_\_\_ Gender: \_\_\_Male \_\_\_Female Shirt Size: \_\_\_\_  
*MM DD YY*

Ethnicity(list all that apply): \_\_\_\_\_

UH Email Address: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

**Educational Background:**

College Transferring from: \_\_\_\_\_ Start Date: \_\_\_\_\_  
*Semester & Year*

Expected Transfer Date: \_\_\_\_\_ Accumulated Credits: \_\_\_\_\_  
*Semester & Year Attach Proof of Credits (Unofficial Transcript)*

Current Major: \_\_\_\_\_ Intended Major at UH Mānoa: \_\_\_\_\_

UH ID Number: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

**Questions:** Please answer the questions below. Minimum: 300 words per question. Attach additional sheets if necessary.

1. Why do you want to participate in the Sulong Aral Summer Bridge Program? What do you expect to gain from this experience?
2. As a future UHM student, explain how you would be a positive role model for students who come from communities that are currently under represented at UHM?
3. What is your vision for the Filipino community? What are the barriers from achieving your vision?

**Student Certification:**

*I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge and belief, and upon request, I will provide proof for the information.*

*I have read and understand the conditions and purpose of the Sulong Aral Summer Bridge Program for transfer students to UH Mānoa as explained in the cover page of this application form. I will uphold the values and ethos of Sulong Aral in my embodied full participation. I affirm that I plan to attend the whole three-week intensive program, and finish all the work that is necessary to pass and receive credits for the courses offered in the program –EDEF 408 and IP 360.*

---

Student Signature

---

Date

**University of Hawai`i  
Leeward Community College  
Sulong Aral**

**MEDIA RELEASE FORM**

I understand the photograph(s), video, and/or audio recording(s) taken of me on behalf of Sulong Aral may be used in connection with publicizing the Sulong Aral Program, its activities and programs to the general public.

I hereby irrevocably authorize the program to copy, exhibit, publish or distribute any and all such images and audio of me or wherein I appear, including composite or artistic forms and media, for purposes of publicizing the Sulong Aral's programs or for any other lawful purpose. These images may be used in printed publications, multimedia presentations or on websites. I agree that I will make no monetary or other claim against Sulong Aral or for any other lawful purpose, and for the use of the interview and/or the photograph(s)/video(s).

In addition, I waive my right to inspect or approve the finished product, including written copy, wherein my likeness appears.

I hereby hold harmless and release Sulong Aral from all claims, demands and causes of action, which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf of my estate have or may have by reason of this authorization.

*I have read the above description and give my consent for the use as indicated above.*

Student - Print Name: \_\_\_\_\_

Student - Signature: \_\_\_\_\_

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



## ASSUMPTION OF RISK, RELEASE, AND INDEMNITY AGREEMENT

Class: \_\_\_\_\_

Date of Activity: \_\_\_\_\_

Description of Activity: \_\_\_\_\_

I am fully aware and acknowledge that there are inherent dangers and risks involved in this field trip/activity. I understand that the University of Hawaii and Sulong Aral does not provide health insurance or otherwise indemnify individuals with respect to injuries or other liabilities arising out of participation in this field trip/activity.

I have read and understand any and all written materials setting forth the requirements for my participation in the field trip/activity and I agree to strictly observe them. In consideration of being permitted to participate and in full recognition of the inherent dangers and hazards in this field rip/activity and during transportation to and from this off-campus location, I voluntarily assume full responsibility for any loss, property damage or personal injury, including death, that may be sustained as a result of my participation. I, for myself, my heirs, personal representatives or assigns, hereby release, waive, discharge and covenant not to sue the University of Hawaii and Sulong Aral, their officers, employees and agents from any and all claims resulting in property damage or personal injury or illness or death arising from my participation in the field trip/activity or growing out of or caused by my acts or omissions during my participation in the field trip/activity.

I also agree to DEFEND, INDEMNIFY AND HOLD HARMLESS the University of Hawaii and Sulong Aral, their officers, agents and employees from and against any and all claims, demands and actions or causes of action, on account of damage to personal property, or personal injury or death which may result from my participation and which result from causes beyond the control of, and without the fault or negligence of the University of Hawaii and Sulong Aral, their officers or employees.

I have read the Assumption of Risk, Release, and Indemnity Agreement and understand that I am giving up substantial rights, including the right to sue. I acknowledge that I am signing the agreement freely and voluntarily. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

Name: \_\_\_\_\_

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

*(Co-signature of parent or guardian required if under 18 years of age.)*