



Sulong Aral Program:
A Program to Provide College Preparatory Education for Filipino Students

APPLICATION FORM

Sulong Aral is a federally funded program from the U.S. Department of Education that is designed to increase postsecondary access for Filipino high school students from Oahu communities, raise persistence and completion rates of Filipino students at Leeward Community College, and increase the transfer rate of Filipino community college students into baccalaureate programs at the University of Hawaii at Manoa.

Personal Information

Last name _____ First name _____ Middle Initial _____

Mailing Address _____
Street City, State Zip Code

UH Email _____ Preferred Email _____

Home Number _____ Cell Number _____

Gender: ____ Male ____ Female Ethnic Background: *List all that apply.* _____

How can Sulong Aral best contact you for program information and events? ____ Text ____ Call ____ Email
____ Facebook (FB name _____)

Educational Information

UH Student #: _____ Major/Program/Degree _____

Leeward Start Date: _____ Expected Graduation Date: _____

Plans after Leeward: _____

Enrollment Status: *Please check one.* Current Number of Credits: _____

____ Current Freshmen ____ Continuing Leeward Student ____ Returning Leeward Student
____ Transfer Student (name of institution transferring from): _____

Please check all that apply: ____ H.S. Diploma ____ G.E.D.
____ Out of school more than 5 years ____ Bachelors
____ 2 year degree ____ Other (please specify) _____

Services

Select the services you plan to utilize as a participant? *Please check all that apply.*

____ Academic Advising ____ Peer Mentoring ____ Study Room ____ Computer/Printing
____ Workshops (scholarships, college skills, transfer) ____ Summer Bridge ____ Campus Tours

What do you expect to gain from Sulong Aral? _____

Certification & Signature

I certify that the above information is true and accurate and that, upon request, I will provide information to prove this information.

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(If applicant is under 18 years old)

**Sulong Aral
Leeward Community College**

Media Release Form

I understand the photograph(s) or video or audio recording(s) taken of me on behalf of Leeward Community College (hereinafter called "the College") may be use in connection with publicizing the College, its activities and academic programs to the general public.

I hereby irrevocably authorize the College 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 College's programs o 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 the College's programs or for any other lawful purpose. I agree that I will make no monetary or other claims against the College for the use of the interview and/or the photograph(s)/video).

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 the College 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.

Print Name: _____

Signature: _____

Date: _____

If the person signed is under 18 years old, there should be consent by a parent or guardian, as follows:

I hereby, certify that I am the parent or guardian of _____, the minor names above and do hereby give my consent without reservations to the foregoing on behalf of this person.

Print Parent/ Guardian Name: _____

Signature Parent/Guardian Name: _____

Date: _____

Phone Number: _____

SUBMIT/MAIL COMPLETED APPLICATION TO:

Trixia Soria, Sulong Aral Program Manager

Leeward Community College

96-045 Aka Ike Street, DA-204

Pearl City, HI 96782

Office: (808) 455-0529

Email: sulong2@hawaii.edu