



Summer Freshmen Bridge

Location: Leeward Community College June 15-19, 2015 Time: 9:00 am – 2:00 pm

THE PROGRAM

The Sulong Aral Summer Bridge Freshmen program is a **FREE** summer program that aims to help incoming first year college students at Leeward Community College get ready for college. 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 training that will prepare them for their academic life at Leeward Community College.

WHO IS ELIGIBLE?

Interested students must be a current high school senior and will graduate or is expected to graduate in the Spring 2015 semester. They also must have already been accepted to Leeward Community College. Applicants must also plan on attending the college starting on the Fall 2015 semester. Participation in Leeward Community College's New Student Orientation prior to the program is recommended but not required.

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

- A member of an underrepresented community at Hawai'i
- Students of Filipino Ancestry

COST & REQUIREMENTS:

Sulong Aral pays for all student fees, summer books, and other materials required for Summer Bridge.

Requirements:

- One recommendation from any faculty and staff from their high school submitted in sealed envelop 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 session per the Spring 2015 semester
- Attend two mandatory activities coordinated by Sulong Aral per the Spring 2015 semester

Application:

Drop off or mail completed application and required attachments (see checklist below) to the Sulong Aral office by Friday, May 15, 2015 at 12:00PM. You can also submit it through email as a pdf file to our email address.

Sulong Aral
Leeward Community College
94-045 Ala Ike Street
Pearl City, HI, 96822
Room: DA-204

Email: sulong2@hawaii.edu

Checklist for use by Applicant

- Application Form
- Essay
- 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

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(if known): _____

Preferred Email Address: _____

Cell Phone Number: _____ Home Number: _____

Educational Background:

High School Graduating From: _____ Start Date: _____
Semester & Year

Expected Graduation Date: _____ Accumulated Credits: _____
Attach Proof of Credits (Unofficial/Official Transcript)

Intended Major at Leeward Community College: _____

UH ID Number(if known): _____

Emergency Contact:

Name: _____ Cell Number: _____

Relationship: _____ Alternate Number: _____

Questions: Please answer the question below. Minimum: 300 words. 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?

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 incoming freshmen students at Leeward Community College 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 one-week program, and finish all the work that is necessary to the finish the program.

Student Signature

Date

Parental Consent: (Must be completed for students under 18 years of age)

I have read the information provided. I agree to the participation of my child in this program. I will receive a copy of this consent form for my information.

Parent Name and 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.
(MUST BE co-signed by parent if student is under 18 years of age)*

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.)