

----- For Official Use Only: -----

Date App Rec. _____ Dep _____ ck# _____ Due: _____ % Tax Ded: _____ Dates of Tour: _____

Project Hawai'i Application

Cultural Institute of America | P.O Box 1844 | Kea'au, HI 96749
(808) 987-6018 24/7 while on tour | www.CulturalInstituteofAmerica.com

All About You

Teen's Name: _____ Age: ____ DOB: _____
Teen's Nickname: _____
Teen's Email: _____ Cell Phone # _____
Full Home Address: _____ City: _____ ST: _____ ZIP: _____
Mailing Address (if different): _____ Home Phone: _____
Local Newspaper Website/Contact Info: _____

Your Health and Needs

List any allergies to food: _____
List any allergies to medicine (Prescription or over the counter) _____
List any other allergies: _____
Do they require medication?: _____
Do you have asthma?: Y / N Do you use an inhaler?: Y / N
Do you take any **daily meds**?: Y / N If yes, dosage and reason: _____
(Please attach a permission slip from both your doctor and parent/guardian stating that our staff can hold and distribute prescribed or over-the-counter medication as needed or prescribed by your doctor. We also require a refill prescription in case of emergency.)
Last Tetanus Shot: _____ Physical: _____ Doctor Visit _____ TB Test: _____

More About You

Special diet requirement _____
Are you vegetarian: Y / N Vegan: Y / N Kosher: Y / N
List of foods you **CAN NOT** eat: _____
List of foods you commonly eat: _____
Do you have any physical impairment that would prohibit you from (circle all that applies):
Swimming, Hiking, Boating, Snorkeling, Walking long periods of time, Standing long periods of time (3+ Hours), Playing field type summer camp sports,
Other: _____

Okay Your Turn

Anything you'd like us to know about you:

Please describe how you spend a typical weekend: _____
Show us your personality: IE: Funny, Shy, Etc: _____
Have you been to a sleepover summer camp before? _____ Number of times: _____
Have you been on a teen tour? ___ Where: _____ Have you traveled out of your state alone? _
What are you most excited about this tour?

Name three things you hope to learn/experience from this program:
_____, _____, _____

What are you most nervous about this tour?

How did you hear of us? _____ Referred by: _____

Are you joining this program with a friend? _____ Name: _____

About Your Family

Father's (Guardian) Name: _____ DOB: _____

Physical Address: _____

Phones: Home: _____ Cell: _____ Work: _____

Place of Employment: _____ Address: _____

Will father be out of town during this camp tour dates?: Y / N If yes, contact number?: _____

Fathers Email Address: _____

Mother's (Guardian) Name : _____ DOB: _____

Physical Address: _____

Phones: Home: _____ Cell: _____ Work: _____

Place of Employment: _____ Address: _____

Will mother be out of town during this camp tour dates?: Y / N If yes, contact number?: _____

Mothers Email: _____

Siblings

No. of sisters: ___ Names: _____, _____ Ages: _____, _____

No. of brothers: ___ Names: _____, _____ Ages: _____, _____

Parents:

Do you have any concerns, or information you would like us to know about your child's daily habits, special care or needs or other way we can assure their complete care?

(use space below)

Please complete this Application and mail it to use along, with:

- At least **one letter** of recommendation from a teacher or other school official & **One letter** of recommendation from a community service or other volunteer program/project within your high school years
- A short essay (at least one page) on why you choose to attend a service project summer camp
- Name of current school and transcripts showing that you have completed at least the 9th grade or currently enrolled but will be going into 10th grade by summer camp session.
- University you are applying to attend (if applicable)
- 4 current photos in wallet or passport size (please make them all the same photo)
- 2 copies of your insurance policies both medical and dental
- 1 copy of your driver's license (if applicable)
- Copy of medical release and prescription refill from your doctor within the past 90 days
- Insurance and health Requirements, Statement of Insurance and Medical Permission Slip documents
- Your enrollment fees and/or deposit \$_____ enclosed (if you are choosing to use your tuition as a tax deduction please make checks payable to Project Hawai'i, Inc., otherwise please make them payable to Cultural Institute of America.)

Please note this application is a legal and binding contract. By enrolling in this program you have assumed the role to participate as a teen mentor and participate in the Cultural and Adventure Activities. You understand that this is a service learning program and the experiences are designed to complement the overall success of the program. By accepting this responsibility if you choose to not participate in a project/program/lesson we are not liable to refund any tuition amounts. Furthermore we have to following cancelation policy for unexpected emergencies:

Refund Cancelation Policy: (Please NOTE: If you choose to use your tuition as a TAX DEDUCTION, this is considered a donation and is **NOT** refundable)

- NO refunds on the \$500.00 deposit or the \$180.00 registration fee
- Tuition Cost MINUS \$1,000.00 before Feb. 1st
- Tuition Cost MINUS \$2,000.00 before March 1st
- Tuition Cost MINUS \$3,000.00 before April 1st
- Tuition Cost MINUS \$4,500.00 before June 1st
- NO REFUNDS AFTER JUNE 1st
- We suggest you purchase trip cancelation insurance for all tours.
- Please also be sure you understand the liability release forms about your child being dismissed from the program early due to behavior and or other infractions.

By signing this contract/application I am ready and willing to participate and perform the tasks to complete the program.

Teens Signature: _____ Date: _____

By signing this contract/application as the teens legal parent and/or guardian, I full accept the rules and regulations set forth by this organization and allow my teen to participate in the activities set forth for a successful program. I understand the program rules, regulations and refund policy.

Parents Signature: _____ Date: _____

Parents Signature: _____ Date: _____

Please feel free to use this form for your personal essay.

