

2019 Animation Academy -- Application

CHECKLIST OF ITEMS

Complete application packet must be submitted by March 1, 2019.

√	ITEMS	DETAILS
	Application	Application must be submitted by March 1, 2019 , along with all other items listed here.
	Identification Photo	Current wallet-size (2.5 X 3.5) headshot FOR STAFF IDENTIFICATION PURPOSES ONLY.
	O-10 Form	Photo consent form
	Personal Introduction	Video introduction OR written introduction
	Verification of Hawaiian ancestry	Please provide a COPY of your birth certificate
	Nomination Forms	Please provide at least 2-3 nominators

2019 ANIMATION ACADEMY – APPLICATION

The Lili'uokalani Trust's (LT) `Ōlino Arts pathway has partnered with *the California Institute of the Arts (CalArts)* to provide an exciting and interactive enrichment experience in the summer of 2019! This **FREE 4-week intensive** will offer students an opportunity to learn animation techniques while being rooted in Hawaiian culture. Students will create animated films individually and within a group.

Where: Kīpuka Leihano

891 Kama`aha Ave., Suite 101
Kapolei, Hawai'i 96707

When: July 1-July 26, 2019

Monday-Friday
8:30am-4pm

The Animation Academy will be on O`ahu. **Please note that if you do not live on O`ahu, you will need to secure your own housing between July 1-July 26.**

To apply, **students must be 14-17 years old at the time of application.** All are welcome to apply. Preference will be given to LT kamali'i and those of Native Hawaiian ancestry. **For more information, call (808) 203-6150 or email olinoarts@onipaa.org.**

APPLICANT INFORMATION

Full Name:	Last	First	M.I.	Preferred Name:	
Address:	Street Address			Apartment/Unit #	
Mailing Address:	City		State	ZIP Code	
	Street Address or P.O. Box			Apartment/Unit #	
	City		State	ZIP Code	
Date of Birth:			Gender		
Cell Phone:			Email		

School Attending: _____

How did you hear about this program? _____

Check the appropriate box.	YES	NO	Please explain.
1. Are you of Native Hawaiian ancestry?			If yes, are both parents living? YES NO
2. Have you received services from Lili'uokalani Trust?			If yes, from what kīpuka (office) and/or program? Name of Agency Worker:

CARETAKER INFORMATION

Mother's or Legal Guardian's Name: _____ Phone: _____

Address: _____ Email: _____

Father's or Legal Guardian's Name: _____ Phone: _____

Address: _____ Email: _____

Is a custody agreement in place? YES NO If yes, please explain: _____

Are you a ward of the state? YES NO If yes, please list contact information for social worker: _____

NOMINATION FORM

Primary and Secondary References

List the names of 2-3 individuals who are NOT family members, who know you well. References can be from a teacher, social worker, church member, counselor, coach or other ADULT who knows you well.

Primary Reference (Primary reference must complete and return the nomination form attached below.)

Name: _____ Relationship: _____

Phone: _____

Email: _____

Secondary References

Name: _____ Relationship: _____

Cell Phone: _____ Email _____

Name: _____ Relationship: _____

Cell Phone: _____ Email _____

PERSONAL INTRODUCTION

Please provide a current headshot, photos will be used by staff **ONLY** for identification purposes. Also, here's your chance to be creative! We challenge you to introduce yourself in the *coolest* way you know. Tell us if you have any experience in this sort of stuff. If you're a *newbie* (that means, this is the first time you're ever trying this kind of stuff)...**AWESOME!** The cool thing about this program is that you *don't* have to have any experience. Send your introduction in **ONE** of the following ways:

- Identification Photo:** *Please submit a current 2.5 x 3.5 (wallet size) photo of you. Make sure you are the only person in the photo and it is of you from the shoulders up. The photo will be used by staff for identification purposes ONLY.*
- Video:** Record a short video (no longer than 4 minutes) of who you are, where you're from, and anything else you'd like. Type or clearly say your first and last name on the video (so we can match it to your application). Videos can be of you doing poetry, giving a vlog, shooting places that are important to you with a voiceover, doing a make-up tutorial, rapping to your own lyrics, performing an oli (Hawaiian chant), or almost anything else ... as long as it shows us who you are! Send us a link to your video through YouTube or Vimeo (ask your parents/guardians for permission first). We highly recommend that you post your video with the setting on PRIVATE. If you need help with this, call us at (808) 203-6150 or email us at olinoarts@onipaa.org.

OR

- Written Statement:** If you prefer a more *traditional* way of introducing yourself (like, writing a letter), *go for it!* There is no *right* or *wrong* way of submitting your personal introduction. We also welcome you to submit any kind of written format, like a poem, slam, essay, or song ... as long as it tells us who you are! Don't forget to write your first and last name on your piece.

VERIFICATION OF NATIVE HAWAIIAN ANCESTRY

This program will accept a copy of your certified birth certificate (do NOT send your original birth certificate).

SUBMIT APPLICATION PACKET

Choose **ONE** of the following ways to send in your application packet:

<p>WALK IN your application to any Lili'uokalani Trust kīpuka (office). Find our locations at http://www.onipaa.org/pages/center-locations.</p>	<p>EMAIL your application to: olinoarts@onipaa.org.</p> <p>FAX application to: (808)674-4307</p> <p>SEND VIDEOS to: olinoarts@onipaa.org.</p>	<p>MAIL to: LT `Ōlino Arts Animation Academy 1100 Alakea Street, Suite 1100 Honolulu, HI 96813</p>
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DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If submitting this application by email (or electronically), typing your name in the signature line will be accepted as an electronic signature.

Applicant's Signature: _____ Date: _____

Parent's or Legal Guardian's Signature: _____ Date: _____

NOMINATION FORM

Aloha nō,

The Lili'uokalani Trust's (LT) ʻŌlino Arts pathway has partnered with the **California Institute of the Arts (CalArts)** to provide an exciting and interactive enrichment experience in the summer of 2019! Students may apply to our **Performing Arts Summer Intensive, and/or Animation Academy**. Each program offers kamali'i unique experiences in **performing arts and animation**. These FREE programs will challenge kamali'i to be creative and think *outside of the box*. As a part of the application process, students must be nominated by a trusted adult.

You have been identified the primary reference as someone who knows the student well and believes in him/her. You may submit this application via mail or email. If you have any questions, please call (808) 203-6150.

Mailing address: LT ʻŌlino Arts 1100 Alakea Street, Suite 1100 Honolulu, HI 96813

Email: olinoarts@onipaa.org

APPLICANT INFORMATION

Applicant Full Name: _____ Preferred Name: _____
Last *First* *M.I.*

NOMINATOR INFORMATION

Nominator Full Name: _____ Relationship: _____
Last *First*

Organization: _____ Years known applicant: _____

Title: _____

Phone: _____ Email: _____

TELL US ABOUT THE APPLICANT

Why do you think this program would be a good fit for the applicant? (Please write on the back of this page)

I certify that my answers are true and complete to the best of my knowledge. If submitting this application by email (or electronically), typing your name in the signature line will be accepted as an electronic signature.

Nominator's Signature: _____ Date: _____



CONSENT FOR PHOTO/VIDEO/AUDIO RECORDINGS

Name of child/children: _____

Name/s of Parent/s or Legal Guardian/s: _____

Address (incl. City/State/Zip Code): _____

Phone Number/s: _____

LT Kīpuka location: _____

Name of Program/Event/ Session/ Other (please specify for "Other"):

I/We hereby grant Lili'uokalani Trust ("Trust") permission to use any and all photos/images/video and/or audio recordings, including the names, of our child/children in connection with:

- (i) the Trust's Website, <http://www.onipaa.org>, in general;
- (ii) the Trust's Program/Event/Session listed above, in particular;
- (iii) any hard copy informational presentations created by or for the Trust, including the annual reports of the Trust or any other related materials;
- (iv) any other hard or electronic media that may be utilized solely by Trust to further the mission of the Trust; and

(v) third-party hard or electronic publications or other media that have been vetted by the Trust to ensure the any such third-party use shall serve the mission of the Trust and will not otherwise compromise the privacy of the child/children or their parents or guardians.

I/We further acknowledge and understand that there are potential dangers associated with the posting of any and all photos/images/video and/or audio recordings on the Website, since global access to the internet does not allow for control of who may access such information. In signing this Consent, I/we acknowledge and understand that any photos/images/video or audio recordings of my/our child/children can be downloaded from the internet and reprinted by various organizations or individuals, including print, electronic, and broadcast media; and I/we hereby release the Trust, including its trustees, officers, employees and agents, from any and all liabilities that may arise from use of my/our child's/children's names, and photos/images/video and/or audio recordings by the Trust as forth herein.

Finally, I/we understand that if I/we wish to rescind this Consent, I/we may do so at any time by sending a written notice of rescission to the Trust. The requested rescission will take effect upon the Trust's receipt of such written notice of rescission. I/We understand that the Trust will require a reasonable period of time from such receipt of notice to remove such information from its Website and to stop any further written publication of such information. We further acknowledge and understand that once any photos/images/video or audio recordings of my/our child/children have been downloaded from the internet or otherwise distributed in hard form to the public, the Trust will not be able to retrieve such distributed or downloaded photos/images/video and/or audio recordings, including the names, of my/our child/children.

Parent/Guardian Signature: _____

Date: _____

Print Name: _____

Parent/Guardian Signature: _____

Date: _____

Print Name: _____