

## 2019 Performing Arts Summer Intensive -- Application

### CHECKLIST OF ITEMS

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

√	ITEMS	DETAILS
	Application	Application must be submitted by <b>March 1, 2019</b> , 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 <b>OR</b> written introduction
	Verification of Hawaiian ancestry	Please provide a <b>COPY</b> of your birth certificate
	Nomination Forms	Please provide at least 2-3 nominators





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:
3. Do you like to try new things?			

### 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 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](mailto:olinoarts@onipaa.org).

OR

- Written Statement:** If you prefer to do 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><b>WALK IN</b> your application to <b>any</b> Lili'uokalani Trust kīpuka (office). Find our locations at <a href="http://www.onipaa.org/pages/center-locations">http://www.onipaa.org/pages/center-locations</a>.</p>	<p><b>EMAIL</b> your application to: <a href="mailto:olinoarts@onipaa.org">olinoarts@onipaa.org</a>.</p> <p><b>FAX</b> application to: (808)674-4307</p> <p><b>SEND VIDEOS</b> to: <a href="mailto:olinoarts@onipaa.org">olinoarts@onipaa.org</a>.</p>	<p><b>MAIL</b> to:          LT `Ōlino Arts          Performing Arts Summer Intensive          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: \_\_\_\_\_



Lili'uokalani  
Trust

## NOMINATION FORM

Aloha nō,

The Lili'uokalani Trust's (LT) `Ōlino Arts pathway will be providing an exciting and interactive enrichment experience for 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 `Ōlino Arts 1100 Alakea Street, Suite 1100 Honolulu, HI 96813

Email: [olinoarts@onipaa.org](mailto:olinoarts@onipaa.org)

## APPLICANT INFORMATION

Applicant  
Full Name:

\_\_\_\_\_

*Last*

\_\_\_\_\_

*First*

\_\_\_\_\_

*M.I.*

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

## NOMINATOR INFORMATION

Nominator  
Full Name:

\_\_\_\_\_

*Last*

\_\_\_\_\_

*First*

Relationship: \_\_\_\_\_

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: \_\_\_\_\_