

2019 Animation Academy – Alumni 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
	Audition	Video OR written
	Verification of Hawaiian ancestry	Please provide a COPY of your birth certificate



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: _____ Preferred Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Mailing Address: _____
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: _____

AUDITIONS

Please provide a current headshot; photos will be used by staff for identification purposes ONLY. Also, here's your chance to be creative! We challenge you to tell us why you want to come back, what you learned from last year, and what can you contribute this year? Send your answers in **video or written** form.

- Identification Photo:** Please submit a current 2.5 x 3.5 (wallet size) photo of you. Please make sure you are the only person in the photo and it is of you from the shoulders up. The photo will be used for identification purposes ONLY for staff.
- Video:** Record a short video (no longer than 4 minutes) of why you want to come back, what you learned from last year, what can you contribute this year, 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). 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 to do a *traditional* way of answering your questions (like, writing a letter), go for it! 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:

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



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: _____
 Print Name: _____

Date: _____

Parent/Guardian Signature: _____
 Print Name: _____

Date: _____