



STUDENT APPLICATION
PAAC Spring Study Tour to the Philippines
Must be postmarked by October 6, 2019

Applicant Information: (Please type or print clearly)

Name (must match how your name in your passport): First Name (s)

Middle Name(s) Last Name(s)

Preferred name (if different from first name): Gender:

Home mailing address:

City, State, Zip: Citizenship:

Home telephone number: Student's cell phone number:

Email address: (preferably not a school e-mail)

Date of Birth: / /

Current school: Current grade:

Do you have a valid passport? Yes No If you answered yes, please indicate your passport's country of issue Date of Expiration

If you are not a U.S. citizen, do you have a valid permanent resident card? Yes No

PAAC involvement (check all that apply):

Club After-school class: which semester(s)

Fall GVS '16 Fall GVS '17 Fall GVS '18

WorldQuest '16 WorldQuest '17 WorldQuest '18

Spring GVS '16 Spring GVS '17 Spring GVS '18 Spring GVS '19

Global Leadership Program Human Rights Academy

Previous PAAC scholarship recipient (specify:)

Previous PAAC study tour (specify:)

How did you hear about this opportunity?

ACADEMIC INFORMATION:

Provide a copy of your most recent school transcript and first quarter grades with your application.

List the languages (other than English) that you speak and indicate your years of study and level of proficiency: _____

EXTRACURRICULAR ACTIVITIES: (continue on a separate sheet if necessary)

Please list the extracurricular activities that you participate in **at least once a week** and leadership positions you hold: _____

OTHER INFORMATION: (continue on a separate sheet if necessary)

Have you ever been involved in disciplinary action at school or elsewhere? If so, please describe briefly.

List your experiences traveling, living, or studying outside of Hawaii. Include location, purpose, and dates.

List any hobbies, skills, or areas of special knowledge or expertise (e.g. hula, singing, clarinet, paddling).

Do you have any dietary preferences (vegetarian, vegan, kosher, etc)? (Please specify)

Are you willing to participate in a project or fundraiser to benefit a charitable organization in our host country before or after the trip? ____ Yes ____ No

Our group will be learning a hula dance to share with people you meet on your trip. Do you have experience learning hula, mele, or oli? ____ Yes ____ No

The following section should be completed by the student's guardian(s):

Guardian's Name: _____ Relationship to Student: _____

Occupation: _____ Phone: _____ (home) _____ (cell)

Guardian's Name: _____ Relationship to Student: _____

Occupation: _____ Phone: _____ (home) _____ (cell)

With whom does the applicant live? _____
(Please indicate whether with both parents, mother, father, relative, guardian, etc.)

HEALTH INFORMATION:

Please specify any health or medical condition or restrictions your child has that we should know about.

Does your child have any allergies or dietary restrictions, or currently take any medication? (Please specify)

FINANCIAL INFORMATION

**If you want to be considered for a need-based scholarship, you must complete this entire section.*

Is your child enrolled in a free or reduced-cost lunch program at school? Yes No

Please indicate your household adjusted gross income for 2018: _____

How many dependents are there in your household? _____

Please describe any special circumstances that indicate need for financial assistance for this program:

**Applicants must submit documentation (e.g. page 1 of FY2018 tax returns [Form 1040]) that substantiates the information provided in this section prior to a scholarship award being confirmed.*

To the parent(s) or guardian(s):

Studying and traveling in foreign countries offers young people a unique opportunity to learn and develop personally. The students will also represent the United States of America, Hawaii, and their schools. Criteria for selection will heavily weigh on a student's maturity and ability to adjust.

IMPORTANT- Please read and sign the following statement:

I/we grant the Pacific and Asian Affairs Council (PAAC) permission to check with my child's school counselor and principal to determine if my child has demonstrated good citizenship, responsibility, and emotional stability.

In order to assist PAAC in attending to the health and safety of my/our child, I/we acknowledge that I/we have provided PAAC a complete and full description of any health condition(s) or medical restriction(s) that my/our child may have. By completing this application, I/we consent that this information, along with information from school records, teachers, counselors or deans can be used in determining my/our child's suitability for this program, providing for the safety of my/our child, and providing information when health, illness, injury or behavior may have an effect on my/our child's intended study abroad program. I/we further acknowledge that PAAC reserves the right to select participants for this program based on PAAC's determination of each child's suitability.

Signature of Parent or Guardian/ Date

Signature of Parent or Guardian/ Date

To the applicant:

I certify that all information provided in this application is true, and should any discrepancies come to light, I understand that my application will be discarded and/or my scholarship revoked.

Signature of Applicant/ Date



TEACHER RECOMMENDATION FORM

Pacific & Asian Affairs Council (PAAC) Spring Study Tour to the Philippines
Form and letter must be postmarked or e-mailed by **October 6, 2019.**

Name of applicant: _____
First Middle initial Last

School: _____ Grade: _____

Name of person completing this recommendation: _____

Position or title: _____

How long have you known this student? _____ In what capacity? _____

1. How would you evaluate this student in the following areas? Please comment on these areas in your letter.

	Exceptional	Very good	Above average	Average	Below average
Academic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility and reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. In addition, please write short answers to the following questions (bullet points are acceptable, but please provide enough information for us to be get a feel for the candidate’s personality and temperament.)

- a) How has this student demonstrated a commitment to international affairs (through PAAC or other activities)?
- b) What are the best three words you would use to describe this student?
- c) Have you witnessed an occurrence in which this student demonstrated extraordinary maturity, independence, creativity, or critical thinking?
- d) To the best of your knowledge, to what extent does this student receive support from his/her family in general?
- e) What disciplinary style works best with this student?
- f) Any other information you’d like to share with us!

May we contact you if we have further questions regarding this applicant? _____ Yes _____ No

Telephone: _____ Email: _____

Signature Date

Please send this form and your letter to: paac@paachawaii.org or by postal mail,
PAAC Travel Program, 1601 East-West Road, 4th Floor, Honolulu, Hawai'i 96848-1601
Please call Erica Nakanishi-Stanis at (808) 944-7784 with any questions. Thank you!