



PAAC Study Tour Abroad – Student Application Form

Must be postmarked by January 4, 2019

APPLICANT INFORMATION: (Please type or print clearly)

Name (as it appears or will appear on your passport): \_\_\_\_\_
First Name (s)
Middle Name(s) Last Name(s)

Caution: The name you provide under "Full Name" is what we will use to book your flight ticket. If the name written is different from what is in your passport, you will be responsible for paying the fee to change the name on the ticket.

Which study tour destination (Japan, Bali, or Vietnam) are you applying for? \_\_\_\_\_

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

Home telephone number: \_\_\_\_\_ Student's cell phone number: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email address: \_\_\_\_\_

Current school: \_\_\_\_\_ Current grade: \_\_\_\_\_

Do you have a valid passport? Yes \_\_\_\_\_ No \_\_\_\_\_ Citizenship: \_\_\_\_\_

PAAC involvement (check all that apply):
\_\_\_\_ Club \_\_\_\_ After-school class: which semester(s)? \_\_\_\_\_
\_\_\_\_ Fall Conference '15 \_\_\_\_ Fall Conference '16 \_\_\_\_ Fall Conference '17 \_\_\_\_ Fall Conference '18
\_\_\_\_ WorldQuest '15 \_\_\_\_ WorldQuest '16 \_\_\_\_ WorldQuest '17 \_\_\_\_ WorldQuest '18
\_\_\_\_ GVS '15 \_\_\_\_ GVS '16 \_\_\_\_ GVS '17 \_\_\_\_ GVS '18
\_\_\_\_ Global Leadership Program \_\_\_\_ Human Rights Academy
\_\_\_\_ Previous PAAC scholarship recipient (please specify: \_\_\_\_\_)

ACADEMIC & EXTRACURRICULAR INFORMATION: (continue on a separate sheet if necessary)

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

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

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

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

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

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

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Are you available to participate in all dates related to your chosen program as listed in the program description?  
(Orientation, travel dates, follow-up meetings, etc.)  Yes  No

Are you willing to participate in a fundraiser to benefit a charitable organization in our host country before departure?  Yes  No

**The following section should be completed by the applicant's Parent(s) or Guardian(s):**

Guardian's Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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 the applicant has that we should know about.

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

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**FINANCIAL INFORMATION**

*\*If you would like to be considered for a scholarship, please complete this section.*

Is the applicant enrolled in a free or reduced lunch program at school?      Yes    No

Please indicate your household adjusted gross income for the previous fiscal year: \_\_\_\_\_

How many dependents are there in your household? \_\_\_\_\_

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

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*\*Applicants must submit documentation (e.g. page 1 of FY2017 tax returns [Form 1040]) that substantiates the information provided in this section prior to their scholarship award being confirmed.*

**SHORT ESSAYS**

Complete both short essay questions in a separate document and submit with your application. Each essay may be up to 500 words or fewer.

1) Why are you interested in traveling to the destination you have selected? What do you hope to gain from this experience? How will your participation contribute to the program and other participants?

2) Describe your involvement in PAAC activities (for PAAC students) and/or other internationally focused activities, such as travel, Model UN, school clubs, and extracurricular activities. How have these experiences inspired you, shaped your global perspective, or affected your view of the world?



**Pacific & Asian Affairs Council  
2019 SUMMER STUDY TOURS ABROAD**

**CONSENT FORM**

**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 and Asian Affairs Council (PAAC) Study Tour Application  
**Form and letter** must be postmarked or e-mailed by December 21, 2018.

THIS SECTION IS TO BE COMPLETED BY THE APPLICANT:

Name of applicant: \_\_\_\_\_  
First Middle initial Last

School : \_\_\_\_\_ Grade: \_\_\_\_\_

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THIS SECTION IS TO BE COMPLETED BY THE RECOMMENDER:

**Please submit your letter of recommendation with this document.**

Name of person completing this recommendation: \_\_\_\_\_

Position or title: \_\_\_\_\_

How long have you known this student? \_\_\_\_\_ In what capacity? \_\_\_\_\_

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"/>
Writing 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"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In addition, please comment on the following in your letter:

- How has this student demonstrated a commitment to international affairs (through PAAC or other activities)?
- Does this student work well independently and take responsibility for him/herself?
- How has this student demonstrated the maturity and independence necessary to take part in a study abroad program?
- What are the applicant's areas for growth?

Please let us know how best to reach you if we have additional questions about the applicant.

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please send this form to:  
**PAAC Travel Program, 1601 East-West Road, 4<sup>th</sup> Floor, Honolulu, Hawai'i 96848-1601**  
**Or e-mail to [paac@paachawaii.org](mailto:paac@paachawaii.org)**

Please call Erica Nakanishi-Stanis at (808) 944-7784 with any questions. Thank you!