Aloha 'Ohana;

I would like to mahalo you for your interest in the ‘Aha ‘Ōpio Alaka’i program. This leadership program, under the direction of Nä Pua No’eau, is a two year commitment designed to build leadership skills in our Native Hawaiian youth. Our vision is to increase the amount of Native Hawaiian leaders to guide the Hawaiian Islands and truly make a difference for our communities.

Students gain:
IKE- Knowledge of Hawaiian issues
CULTURE- Connect back to Hawaiian tradition, practices, and values
ALAKA’I- Develop confidence as a leader

Students participate in the following:
Two-week residential program at the University of Hawai‘i Hilo (June 12-25, 2011)
Weekend overnighter events (September 2011 - March 2012)
40 hour internship (July- August 2012)

Note: All activities are paid for by Nä Pua No’eau and are free for participating students.

Qualifications:
Current sophomore or junior high school student
Preference to Native Hawaiian students
Interest in leadership

Our deadline for all applicants is April 4, 2011. Please mail in your applications directly to our Hilo office, Attention: Amanda Ishigo. You may also fax in their application at (808) 974-7681. Please do not hesitate to contact me directly with any question about the program at (808) 974-7678. You may also email me at amandacm@hawaii.edu.

Me ke aloha pumehana,

Amanda Ishigo
Program Coordinator, ‘Aha ‘Ōpio Alaka’i
200 W. Kawili Street
Hilo, HI  96720

Mahalo to the Office of Hawaiian Affairs for funding and supporting 'Aha 'Ōpio Alaka'i
Applicant's Name ___________________________________________________ DOB: __________________

Preferred Name: ____________________________________  Gender: M  F  Hawaiian Ancestry: Yes  No

Mailing Address: ___________________________________________________________________________

School Attending: ___________________________________________________  Current Grade: __________

Head of Household/ Guardian's Name: _____________________________ Phone (Res): _____________ Cell: __________

Work: ___________________  May we contact you at work?  Y  N

Other/ Guardian's Name: ____________________________ Phone (Res): _____________ Cell: __________

Work: ___________________  May we contact you at work?  Y  N

Applicant lives with: ________ Email: __________________________________________

In case of an emergency, list three people who you would like us to contact if we are unable to contact you.

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ACCIDENT, MEDICAL, FIELD TRIP AND MEDIA RELEASE
I/We, ________________________________, parents or guardian of _____________________________, release all officers/ directors/ staff members/ kumu/ kōkua and all other sponsoring agencies and organizations of any claim for damages, liability, injury, expense, or loss on account of negligence or other wrong doing that may occur while my/our child is attending Nā Pua No’eau programs or activities held during June 1, 2011 – August 31, 2013. I/we also agree to indemnify and hold harmless those persons of the above stated organizations on any claim arising out of the Nā Pua No’eau activities under this agreement. In case of accident or need for medical attention, I/we give permission to the Nā Pua No’eau director or other staff members to take my/our child to a doctor, dentist and/or emergency medical facility. I/we give permission for my/our child to participate in field trip(s) associated with the program. I/we give permission to Nā Pua No’eau to transport my/our child in a NON-school approved vehicle as they deem necessary and therefore I/we waive also the State’s liability. I/we also hereby give permission to Nā Pua No’eau to film, tape, or otherwise record my/our child’s name, voice, and/or person. I/we understand that these recordings of my/our child may include news releases to include photographs about Nā Pua No’eau and other media releases to publicize Nā Pua No’eau, and open-circuit (broadcast), closed-circuit, and/or cable television transmission within or outside of the State of Hawai‘i in perpetuity. I/we also understand that there will be no financial or other remuneration for recording my/our child, either for initial or subsequent transmission or playback. Data from applications will be used for program planning and research purposes only. On my honor, I/we declare that my child is able to participate in Nā Pua No’eau’s programs based on the following criteria (check as applied):

- I have legal documents stating that my child is of Hawaiian ancestry (i.e. birth certificate, etc.)
- I have proof that my child is a descendant of the people of Hawai‘i prior to year 1778
- My child is in the Office of Hawaiian Affairs’ Hawaiian registry
- My child is in the Kamehameha Schools’ Hawaiian registry
- Besides Nā Pua No’eau, my child is currently receive services and/or programs set up specifically for Native Hawaiians (i.e. Queen Lili‘uokalani Children’s Center, Hawaiian Homes, etc.)
- Other (please be specific) ____________________________

Father’s or Legal Guardian Signature __________________ Date ____________ Mother’s or Legal Guardian Signature __________________ Date ____________
MEDICAL INFORMATION
Please fill out below and attach a copy of your medical card with the subscriber name and membership number of your medical insurance.

Subscriber Name: ___________________________________ Medical Plan: _________________________
Membership Plan # ___________________________ Family Doctor: _________________________________
Phone Number: _______________________
In case of an emergency, I give permission to the Nä Pua No'eau office director or other staff members to take my child to a doctor, dentist and or emergency medical facility if unable to contact anyone listed.
☑ Yes ☐ No

MEDICATION
List all medication your child is presently taking; Name Illness
_________________________________________ for ________________________________________
_________________________________________ for ________________________
_________________________________________ for ________________________
_________________________________________ for ________________________

NOTE: Nä Pua No'eau will not dispense any medication to your child, including aspirins and medicine. Your child must bring his/her own medication in clearly labeled containers. During the program, be sure your child has enough medication to last during the session.

ALLERGIES
List any allergies or dietary restriction your child may have:
______________________________________________________

IMMUNIZATION INFORMATION
In what year did your child last receive a: Tetanus Shot? __________ Vaccinations? __________
Tuberculosis Test? __________

RESTRICTIONS/LIMITATIONS
Please list any challenges your child has which may prevent him/her from participating in activities:
_____________________________________________________
_____________________________________________________
_____________________________________________________

List any activity in which your child cannot participate or you do not want your child to participate:
_____________________________________________________
_____________________________________________________
_____________________________________________________

Are there any religious restrictions on what your child can do or be done in an emergency or other health situations? Yes ☑ No ☐
If yes, please explain:
_____________________________________________________
_____________________________________________________
_____________________________________________________

Indicate your preference concerning your child's swimming ability:
☑ My child may NOT swim.
☑ Nä Pua No'eau staff may limit my child's participation based on my child's ability to swim and staff judgment of swimming conditions.

RESEARCH
Are you eligible for “Free and Reduced Price School Meals” program? ☑ Yes ☐ No
Do you live on (DHHL) Department of Hawaiian Home Land? ☑ Yes ☐ No

How did you hear about the 'Aha 'Opio Alaka'i program?
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
To ensure your participation in the ‘Aha ‘Ōpio Alaka‘i Summer Institute from June 12-25, 2011, please review the participant requirements listed below and check the box as each requirement is completed before submitting to our office.

_____ Student Information Sheet
_____ Refundable dorm and travel deposit fee of $100.00
_____ Student / Parent and/or Guardian Commitment Form
_____ Participant Rules Contract
_____ Housing Contract
_____ Medical Information Sheet

Please return your completed packet as soon as possible to:

Nā Pua No‘eau
200 W. Kāwili St.
Hilo, HI 96720
Attention: ‘Aha ‘Ōpio Alaka‘i Program

Mahalo to the Office of Hawaiian Affairs for funding and supporting 'Aha 'Ōpio Alaka'i
1) The use of alcohol, illegal drugs, tobacco products, and weapons is strictly forbidden.
2) Sexual activity, sexual harassment, or any similar inappropriate behavior will not be tolerated.
3) Intentional physical and/or emotional harm to another participant or staff will not be tolerated.
4) You must respect the person and property of all your fellow participants. Vandalism and theft will not be tolerated.
5) Dress codes must be strictly followed. This includes, but is not limited to: no exposure of the midriff, no low-cut or spaghetti strap tops, no short skirts/shorts, and no inappropriate messages or pictures on clothing—shirts must be worn at all times.
6) You must attend all scheduled activities including all classes, meals, and excursions. If you are ill, you must let one of the counselors know.
7) You must check in and out with staff each time you leave or return. It is important that the staff know where you are at all times.
8) You are not allowed out of your rooms after dark unaccompanied by the staff person assigned to you.
9) You should always go to classes and/or other scheduled activities with your group. Never go alone!
10) All participants must be respectful towards staff (teachers, administrators & residential staff), be cooperative, and follow their instructions at all times.
11) Participants of the opposite sex are not allowed in your room or on your floor at any time.
12) Participants are not allowed in the staff’s rooms at any time.
13) Lights out by 10:00 p.m. and no more visiting in other rooms after that time. During other planned evening activities, curfew may be extended. You will be allowed to study during designated times and your personal time, not beyond curfew time.
14) Keep noise levels down in your rooms and common areas. When you have your radio on in your room, make sure that it is soft enough so that it does not disturb others.
15) There should be no visitors outside of the program unless approved by the Program Coordinator prior to visit.
16) You must keep your room clean and other assigned areas.
17) In case of emergency, follow the directions of your counselor assigned to you.
18) As situations arise, decisions by the counselor will be accepted.
19) No horseplay on the buses or vans.
20) Staff is not allowed to administer any type of medicine.
21) Students must represent Nä Pua No’eau at all times.
22) Cell phones are allowed, but may only be used at designated times.
23) No running in the hallways or horseplay in the stairways, elevators, or balconies.
‘AHA ‘ŌPIO ALAKA‘I
Participant Rules Agreement

Please sign the following agreement and submit with application packet.

I understand and agree to abide by the terms and conditions specified above. Disregard of the rules may result in dismissal from the program and being sent home.

Name of student: ________________________________________________________________

Last Name                  First Name                    Middle Initial

Signature of Student: __________________________________ Date: ________

Signature of Father/ Guardian: __________________________________ Date: ________

Signature of Mother/ Guardian: __________________________________ Date: ________

Mahalo to the Office of Hawaiian Affairs for funding and supporting ‘Aha ‘Ōpio Alaka‘i
Attach your $100.00 cash, check or money order here

*Scholarships are available upon request. Please contact Amanda at (808) 974-7678.

Please make checks payable to: Nā Pua No'eau
Please make money orders payable to: Cash

All deposits will be returned upon completion of the ‘Aha ‘Ōpio ‘Aha ‘Ōpio Alaka‘i Summer Institute 2011, provided there have been no housing damages or no-shows.

Mahalo to the Office of Hawaiian Affairs for funding and supporting ’Aha 'Ōpio Alaka'i
Withdrawal from the program, violation of the rules of the program, the provided housing or other conduct on the part of the participant deemed to be such as to require removal from the provided housing shall constitute grounds for the termination of the contract at the discretion of the University and the Program.

This contract is binding for the entire period for which it is written. In cases of unusual circumstances affecting the student, the Nā Pua No‘eau ‘Aha ‘Ōpio ‘Aha ‘Ōpio Alaka‘i Project Coordinator will consider requests for termination of the contract by a participant on an individual basis.

The University and the Program shall not be responsible for the loss of or damage to any of the student’s personal property from any cause whatsoever. The student shall reimburse the Nā Pua No‘eau for all damage done through his or her own negligence to the structure, furnishings, and equipment belonging to the provided housing. There will be an unspecified charge for lost room keys.

The student shall comply with all the rules and regulations of the provided housing, the University, and the Program as stated in the handbook, which are now specifically a part of this contract by reference.

I understand and agree to abide by the terms and conditions specified above.

NAME OF STUDENT: _______________________________________________ Last Name __________ First Name __________ Middle Intial __________

(Please of print)

SIGNATURE OF STUDENT: __________________________ DATE: __________

SIGNATURE OF FATHER/ GUARDIAN: __________________________ DATE: __________

SIGNATURE OF MOTHER/GUARDIAN: __________________________ DATE: __________

Mahalo to the Office of Hawaiian Affairs for funding and supporting 'Aha 'Ōpio Alaka'i
If my child is accepted into the ‘Aha ‘Ōpio Alaka‘i program, he/she will attend the ‘Aha ‘Ōpio ‘Aha ‘Ōpio Alaka‘i 2011 Summer Institute from June 12-25, 2011. I/we understand that my/our acceptance to attend requires student commitment and participation in all activities.

By signing this agreement, you acknowledge that your child will be attending the above-mentioned program in its entirety. You also understand that if you/your child cancel their attendance or fail to show up, you are breaking this commitment and you forfeit your $100.00 deposit.

Name of Student: ________________________________________________
(Please print) Last Name                First Name                   Middle Initial

Signature of Student: _________________________________ Date: _______

Signature of Father/ Guardian: ________________________ Date: _______

Signature of Mother/Guardian: _________________________ Date: _______
Please list any medical information/ alerts (include allergies):

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Please list any medications your child is required to take:

______________________________________________________________________________

*Please note that your child is responsible for carrying and administering any medication (s)he is required to take.

*Please attach copy of medical insurance card here
All student participants are able to purchase an Nā Pua No‘eau t-shirt for $15.00. If you would like to purchase a t-shirt, please include your payment here.

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Attach your $15.00 cash, check or money order here.

Mahalo to the Office of Hawaiian Affairs for funding and supporting 'Aha 'Ōpio Alaka'i