



UNIVERSITY
of HAWAII®
MĀNOA



THE LANGUAGE FLAGSHIP

Creating Global Professionals

**KOREAN LANGUAGE FLAGSHIP CENTER (KLFC)
PRE-COLLEGE HONORS PROGRAM**

June 4 – 29, 2012

How did you hear about the Korean Language Flagship Center? Please check all that apply.

- Newspaper
- TV / radio
- High school teacher/counselor
- Other → Please specify.

Please submit the following application materials, **unstapled and in one envelope**, postmarked by **April 30, 2012**.

Korean Language Flagship Center
University of Hawaii at Manoa
1859 East-West Road, TP 110
Honolulu, HI 96822

1. Pre-College Honors Program application (six pages)
2. Current school transcript from the ninth grade to the current quarter (unofficial copy accepted)
3. PSAT, SAT, or ACT score report (unofficial copy accepted)
4. Letter of recommendation from your teacher, counselor, or principal (copy accepted)
5. Tuition: Check for \$100 payable to “Jiyoung Kim” to cover textbook, workbook, and cultural activities

By signing below, I certify that (1) this application form is my own work, (2) all information submitted is factually true and honestly presented, and (3) I understand that late and incomplete applications will not be processed.

Applicant’s full name

Signature

Date

By signing below, I certify that (1) this application form was completed by my son or daughter named above, (2) all information submitted is factually true and honestly presented, and (3) I understand that late and incomplete applications will not be processed.

Name of parent or legal guardian

Signature

Date

PART II. SCHOOL INFORMATION

Current school			
Current grade	<input type="checkbox"/> Ninth	<input type="checkbox"/> Tenth	<input type="checkbox"/> Eleventh <input type="checkbox"/> Twelfth
Academics	<i>GPA</i> <i>(e.g., 3.8/4.0)</i>	<i>Class rank</i> <i>(e.g., 12/450)</i>	
SENIORS ONLY	<i>Which university are you planning to attend?</i>		
Standardized test	Date of test (month/year)	<input type="checkbox"/> PSAT	<input type="checkbox"/> SAT <input type="checkbox"/> ACT
	Math	Reading	Writing
SAT II Korean			

PART III. EXTRA-CURRICULAR ACTIVITIES

Please list up to three extra-curricular activities that you participate in. If you participate(d) in more than three activities, please list the three that are the most important to you.

Organization	Officer position(s) held	Grade(s) of participation (e.g., 10-12)

PART IV. HONORS AND AWARDS

Please list up to six (6) honors and awards received, in **reverse chronological order**.

Honor / Award	Date (mm/yyyy)	Honor / Award	Date (mm/yyyy)

PART V. LETTER OF RECOMMENDATION

Please list the individual who is providing your letter of recommendation. (No form is necessary.)

Name	
E-mail	
Please check one.	<input type="checkbox"/> Teacher <input type="checkbox"/> Principal <input type="checkbox"/> Counselor <input type="checkbox"/> Other:
Please check one.	<input type="checkbox"/> The letter of recommendation is enclosed with this application. <input type="checkbox"/> The letter of recommendation will be mailed separately to the KLFC.

PART VI. KOREAN LANGUAGE BACKGROUND

Part VI is used only for placement purposes, not admission.

Language environment	Which language is spoken most at home by all family members combined? <input type="checkbox"/> English <input type="checkbox"/> Korean <input type="checkbox"/> Other (Please specify.)
	Do you live (have you lived) with a native speaker of Korean? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (Please specify.)

Have you ever taken a Korean language class?

If yes, please include all Korean classes attended, in **reverse chronological order**.

School name, program name (if applicable)	From date to date (mm/yyyy)	Class level completed

<p>Have you ever attended school (K-12) in Korea?</p> <p><input type="checkbox"/> Yes, I attended school in Korea from grade _____ to grade _____.</p> <p><input type="checkbox"/> No, I have never attended school in Korea.</p>



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RELEASE FORM

By signing below, I hereby grant the Korean Language Flagship Center permission to interview me and use my likeness in photographs and video in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by the Korean Language Flagship Center and for other use by the Center. I will make no monetary or other claim against the Korean Language Flagship Center for the use of the interview, photographs, or video.

DATE OF BIRTH	
TELEPHONE	
E-MAIL ADDRESS	
PERMANENT MAILING ADDRESS	

Student's full name

Signature

Date

Parent or legal guardian's full name

Signature

Date

KOREAN LANGUAGE FLAGSHIP CENTER

University of Hawaii at Manoa · 1859 East-West Road, Suite 110 · Honolulu, HI 96822
Phone: 808-956-8469 | Fax: 808-956-6026 | Email: flagship@hawaii.edu | <http://koreanflagship.manoa.hawaii.edu>



ASSUMPTION OF RISK AND RELEASE

PROGRAM Korean Language Flagship Center (KLFC): Pre-College Honors Program
DATES June 4 – 29, 2012
LOCATION University of Hawaii at Manoa campus

1. We, _____ (parent or legal guardian) and _____ (student), the undersigned, agree to the following conditions for the student's enrollment in this program. We fully understand the rules and precautions that are a part of the requirements for participation in the above referenced program, and we agree to strictly observe them.
2. Specifically, we agree that the parent is responsible for student transportation to and from classroom and field trip sites. We further certify that the student is in good physical health and able to participate in all activities of the above named program.
3. We understand that the student should be covered during the dates of the program above by a private medical and liability policy; and we further understand that the University of Hawai'i does not provide such insurance or otherwise indemnify individuals with respect to injuries or other liabilities arising out of participation in the above named program.
4. Therefore, in consideration of the student being permitted to participate in the above named program, we hereby agree to assume all risks and responsibilities surrounding participation in the above named program. We have read and understand any and all written materials setting forth the requirements for participation in the above referenced activity, as well as those explained by the Korean Language Flagship Center faculty and staff, and agree to strictly observe them.
5. We, the student and the parent, do for ourselves, our heirs, executors, and administrators hereby accept full responsibility for participation in the above named program, and agree to indemnify, release and discharge the University of Hawai'i, State of Hawai'i, its officers, employees, agents, and assigns from any and all claims or actions for property damage, personal injury, and/or death arising from such participation or growing out of or caused by any acts or omissions during my participation in the above named program.

MEDICAL CONSENT

We, the undersigned, consent to and authorize any medical professional and others working under their supervision to treat the student for any injury or illness arising from or related to my participation in the above named program. We further agree to pay any and all medical expenses, costs and other charges and to release and discharge and hold harmless the University of Hawai'i, State of Hawai'i, its officers, employees, agents, and assigns from and against any liability or any claims or demands arising from or connected with such medical treatment or care.

IN CASE OF EMERGENCY

_____	_____	_____
First person to contact (other than parent or legal guardian)	Relationship to student	Telephone number
_____	_____	_____
Second person to contact	Relationship to student	Telephone number
_____	_____	_____
Physician to contact	Telephone number	
_____	_____	_____
Student's full name	Signature	Date
_____	_____	_____
Parent or legal guardian's full name	Signature	Date