



Maui Language Institute

University of Hawai'i Maui College

RAINBOW STUDIES Application Packet

Please send Application Packets to:

**Maui Language Institute
Mailbox #84
University of Hawai'i – Maui
310 West Ka'ahumanu Avenue
Kahului, HI 96732
U.S.A.**

www.MauiLanguageInstitute.com

**Office: (808) 984-3499
Fax: (808) 984-3587**

Maui Language Institute

Application Packet Checklist

RAINBOW STUDIES

(Keep this page for your records)

Before you send your application packet, please make sure you have completed and enclosed all the required documents.

For your convenience, please refer to the checklist below:

1. *MLI RAINBOW STUDIES Application Form*
**Deadline: Application must be postmarked, faxed or e-mailed by Friday, June 29th, 2012 (Students must be 16 years or older to apply.)*

2. *Risk and Release Form*

3. *Photo Permission Form*

4. *MLI RAINBOW STUDIES Tuition Payment*

\$495 per week-----\$525 per week after June 30th

\$990 for 2 weeks-----\$1,050 for 2 weeks after July 30th

May be paid by international money order (US Dollars) or Cashier's check payable to "UH-Maui College."

University of Hawai'i – Maui College

Maui Language Institute

RAINBOW STUDIES Application Form

BACKGROUND INFORMATION

NAME: _____
(Family name) (Given name) (Middle name)

ADDRESS: _____

CITY: _____ STATE / PROVINCE: _____

COUNTRY: _____ POSTAL CODE: _____

TELEPHONE NUMBER: _____ - _____ - _____
(country code) (area code) (number)

EMAIL ADDRESS: _____

DATE OF BIRTH: (Month) _____ (Day) _____ (Year) _____

COUNTRY OF BIRTH: _____ COUNTRY OF CITIZENSHIP: _____

GENDER: Male [] Female []

MLI INFORMATION

- [] Week 1 (July 23th – July 27nd, 2012) [] Full Rainbow Studies Schedule
2 wks (July 23^h – August 3th, 2012)
[] Week 2 (July 30th – August 3rd, 2012)

LEARNED ABOUT MLI THROUGH

- [] MLI Website [] Study USA [] Friend/Family [] MLI Student
[] Other (Please specify): _____

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Photo Permission Form

As a participant in the Maui Language Institute Rainbow Studies program, I give permission to have myself videotaped, photographed, and/or recorded in connection with the program.

Print Name: _____

Signature: _____

Date (month/day/year): _____ / _____ / _____

Co-signature of parent or guardian if student is **under 18 years old**:

Print Name: _____

Signature: _____

Date (month/day/year): _____ / _____ / _____



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ASSUMPTION of RISK and RELEASE **(FIELD TRIPS and OTHER OFF CAMPUS ACTIVITIES)**

I, the undersigned, in full recognition and appreciation of the dangers and hazards inherent in Maui Language Institute excursions and during transportation to and from the excursions, to which I may be exposed during my enrollment and/or participation in the Maui Language Institute program, do hereby agree to assume all the risks and responsibilities surrounding my participation in Maui Language Institute excursions or any independent research or activities undertaken as an adjunct thereto; and, further, I do for myself, my heirs, executors, and administrators hereby defend, hold harmless, indemnify, and release, and forever discharge the University, and all its officers, agents and employees from and against any and all claims, demands, and actions, or causes of action, on account of damage to personal property, or personal injury, or death which may result from my participation, and which result from causes beyond the control of, and without the fault or negligence of the University, its officers, agents, or employees, during the period of my participation as aforesaid.

IN WITNESS WHEREOF, I have caused this release to be executed this:

_____ / _____ / _____
(month) (day) (year)

_____ (Print Name) _____ (Signature)

Co-signature of parent or guardian if student is under 18 years old:

_____ (Print Name) _____ (Signature)