

**FAXED OR EMAILED NOT ACCEPTED**

**STUDENT AFFILIATE PROGRAM APPLICATION**  **Application Deadline (please check one):** [ ]  **May 1** **[ ]  November 1**

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| Type of application Family name Given name Middle name (Other names)[ ]  New      [ ] Reapplying (Specify year of last application)      | Sex[ ]  Male[ ]  Female |
| Current or local mailing address Street City State/Country Zip/Postal Code      | Last day at this address(month/day/year)      |
| Permanent address Street City State/Country Zip/Postal Code      | For U.S. citizen or permanent resident, your home state:      | If not U.S. citizen but currently in U.S., indicate visa status: [ ]  J [ ]  F[ ]  Other:       |
| Birthdate (month/day/year)      | Birthplace (city and country)      | Country of citizenship      | Country of permanent residence      |
| Office phone #      | Home phone #      | Cell phone #      | Email      |
| Have you participated in a program at the EWC? If you have, specify dates and program.      | How did you learn about this program?      |
| List in order of attendance all colleges/universities in which you have enrolled, beginning with your current enrollment at the University of Hawai‘i at Mānoa. |
| Name of Institution | Location(city, state, country) | Date | Major | Degree earned or expected (BA, MS) | Date received or expected (MM/YY) |
| From(MM/YY) | To(MM/YY) |
|       |       |       |       |       |       |       |
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1. Please check and complete one of the following.

 [ ]  I am presently or will be enrolled as a **classified graduate student** at the University of Hawai‘i at Mānoa.

 Department/Field of Study       Degree

 [ ]  I am presently/or will be enrolled in a **graduate level exchange program** at the University of Hawai‘i at Mānoa.

 Department/Field of Study

2. I am funding my graduate studies through:

 [ ]  Fulbright Scholarship [ ]  Government scholarship (include name):

 [ ]  Other scholarship (include name):

 [ ]  Graduate Research or Teaching assistantship [ ]  Family/Personal resources [ ]  Off-campus or on-campus employment

 [ ]  Other (please explain):

3. I am interested in consideration for the Student Affiliate Program beginning the following term:

 [ ]  Fall      [ ]  Spring

 year year

4. Due to limited double room availability and to assist with planning, we would appreciate your response to the following.

 If admitted to the Student Affiliate Program,

 [ ]  I will come alone and request a single room. ($15/night)

 [ ]  I will come alone and request a double room. ($23/night)

 [ ]  My spouse will join me and I would need a double room. ($23/night)

5. List the languages you have studied and indicate proficiency level for each (basic – fluent).

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| 6. Letters of Reference |
| Name | Title and name of organization |
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**Short Answer Questions and Essays to Accompany the Student Affiliate Program Application Form**

Provide your responses below if using the electronic form-fillable version of this application, or provide your responses on separate sheets of paper. If responding on separate sheets of paper, write the question or essay number and your name at the top of each page.

**Short Answer Questions**

7. List the countries in which you have traveled or resided (indicate places and dates).

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8. List scholarships, fellowships, or grants you have received.

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9. Why are you applying to the Student Affiliate Program and how do you hope to benefit from the experience? Explain how the Student Affiliate Program fits within the context of your past experience and future plans. (Maximum length: 250 words)

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**Essays**

10. Write a short autobiography covering your previous academic and professional experience, particular talents, skills and cultural interests that may be relevant to the Student Affiliate Program. How will the benefits of the Student Affiliate program help you to achieve your academic and personal goals? (Maximum length: 500 words)

11. How have you been involved in civic engagement and community service activities over the past five years? (Maximum length: 250 words)

12. Your participation in EWC seminars, leadership projects, activities, and residential community will be alongside students from the U.S., Asia and Pacific region, and other countries around the world. Please comment on your preparedness for this inter-cultural learning environment. (Maximum length: 250 words)

**NOTE:** To complete your application, review the East-West Center Student Affiliate Program application information, instructions, and checklist for other required supporting documents. Check the application checklist or [www.EastWestCenter.org/studentaffiliate](http://www.EastWestCenter.org/studentaffiliate) for the application deadlines for the Student Affiliate Program. Applications submitted by mail must be postmarked by the application deadline and sent to: **East-West Center Student Affiliate Program, Attention: Award Services, Burns Hall, Room 2066, 1601 East-West Road, Honolulu, HI 96848-1601 USA.**

If submitting your application in person, turn in your application by 4:30 PM on the application deadline (May 1 or November 1) to the East-West Center Award Services office in **Burns Hall, Room 2066.**

**Applicant’s Certification**

I certify that the information I have given in this application is complete and correct to the best of my knowledge. I understand that application materials become property of the East-West Center and will not be returned to me. I certify that I have the funds necessary to participate in the Student Affiliate Program, and if selected, I will pay for the Student Affiliate Program fee, my housing, health insurance, and University of Hawai‘i at Mānoa tuition and fees in accordance with East-West Center policies and procedures.

Date       Signature