



UNIVERSITY OF THE NATIONS KONA, HAWAII

FOUNDATION SCHOOL APPLICATION

Include
Recent
Photograph

(Paper clip,
don't staple.)

Date of Application: D _____ M _____ Y _____

Identity:

Last name: _____ First name: _____ Middle: _____

Name you like to be called: _____

Street/Box: _____

City/Town: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

Sex: []Male []Female Age: _____ Birthdate: D _____ M _____ Y _____ Birthplace: _____

Passport number: _____ Country: _____ Passport expire date: D _____ M _____ Y _____

Father's name: _____ Mother's name: _____

Parent's U of N school: _____ Enrollment: M _____ Y _____

Applicant's questions: (Answer questions prayerfully, use extra sheets if necessary)

Have many years of school have you completed? _____ What grade will you be in when you arrive in Hawaii? _____

What school subject do you like the most? _____ What school subject do you like the least? _____

What do you like to do in you spare time? _____

What sport/activity do you like the most? _____ What sport/activity do you like the least? _____

Do you play a musical instrument? []Yes []No If yes, please consider bringing it with you.

Instrument(s): _____

What languages do you speak? _____

Is English your mother tongue? []Yes []No If no, how well do you speak it? []Fluently []Can manage []It's a struggle [] Not at all

How do you feel about living in Hawaii for the next three months? _____

What are your expectations during this time, both for your own life and for your family? _____

What kind of relationship do you have with your family? _____

Write a paragraph about your best friend. What is he/she like? What do you like to do together? _____

Have you ever moved before []Yes []No Please write a paragraph to describe how you adjusted to leaving old friends, changing schools, changing churches and losing familiar surroundings? _____



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Applicant's questions (cont):

Have you accepted Jesus Christ as your savior? []Yes []No If yes, how did you come to know the Lord and what is your relationship with Him now? _____

If no, what are your feelings about who Jesus is? _____

If you are between the ages of 12 and 17 you must have two people fill out a reference for you. Give ONE FORM TO YOUR SCHOOL TEACHER and the other to one of the following: Sunday School teacher, youth group leader or friend of the family who has known you for at least two years.

Applicant's signature: _____ Date: D _____ M _____ Y _____

Parents: (Please read the above. All questions must be completely answered. If your child is under 12, please fill out the following information)

Child's ability in math is: []Superior []Average []Needs help []Beginner

Child's ability in reading is: []Superior []Average []Needs help []Beginner

Has your child been in any special math or reading classes? []Yes []No If yes, please explain: _____

Parent's signature: _____ Date: D _____ M _____ Y _____ Relationship: _____

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Please mail all forms to:

Foundation School, #152
University of the Nations
75-5851 Kuakini Highway
Kaillua Kona, Hawai 96740-2199

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