



Mu‘o A‘e Program Application

** Eligibility for program pending until application is approved by the Kaiao Director.**

Program Yr: _____

Date: _____

**** Please print information in pen**

Name: _____ Student ID: _____
(Last), (First) (M.I.)

Birth date: ____ / ____ / ____ Will you be taking at least 12 credits in Fall semester? ☐ Yes ☐ No

Sex: ☐ Male ☐ Female

Mailing Address: _____ City: _____ State: _____

Zip Code: _____ Home Ph #: _____ Cell/Work Ph #: _____

Permanent Address: _____ City: _____ State: _____

Zip Code: _____ UH Email: _____ Personal Email: _____

Are you employed? ☐ Yes ☐ No If employed, full-time? ☐ Yes ☐ No

Are you a veteran? ☐ Yes ☐ No When was the last time you attended school? _____

High School Attended: _____ City: _____ State: _____

Did you graduate? ☐ Yes ☐ No If yes, year graduated: _____ High School GPA: _____

If no, highest grade completed: _____ Year GED Completed: _____

What was the last math course(s) you passed in high school? (Pls. check all that apply)

- ☐ Basic math, Business math or Pre-Algebra
- ☐ Algebra I
- ☐ Geometry
- ☐ Algebra II
- ☐ Trigonometry
- ☐ Pre-calculus
- ☐ Calculus

Did you participate in any Nā Pua No‘eau events from grade school through high school? ☐ Yes ☐ No

What kind of computer skills do you have? _____

Did you apply for financial aid for the current school year? ☐ Yes ☐ No

Check all of the following academic services that may interest and/or benefit you:

Counseling

- ☐ Academic Advising/Degree Planning
- ☐ Financial Aid Application Assistance
- ☐ Career Counseling
- ☐ Career/Interest Testing
- ☐ Personal Counseling
- ☐ Transfer Counseling

Tutoring

- ☐ English
- ☐ Math
- ☐ Other: _____

Other

- ☐ Peer Mentoring

Workshops

- ☐ Test Taking Strategies
- ☐ Note-taking Tips
- ☐ Stress Management
- ☐ Study Skills
- ☐ Writing a Term Paper
- ☐ Time Management
- ☐ Money Management

Graduation and/or Transfer Information (Pls. circle for interest in certificate or degree):

I am currently following the _____ certificate / degree plan at UHMC.

(Program)

I intend to transfer and graduate from _____ with a degree in

(Name of University/College)

(Major)

What skills or occupation are you seeking? _____

Do you need help to determine your career choice? ☐ Yes ☐ No

In order to determine whether you might qualify for other programs on-campus, please respond to the following.
What is the highest level of education COMPLETED by the parent(s) you grew up with?

	Grade School	High School	2-Year College	4-Year College	Beyond 4-Year
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you consider yourself to be low-income? ☐ Yes ☐ No

Do you have a disability that is documented with the UHMC Student Special Needs Coordinator?

☐ Yes ☐ No

If so, what services will you need to accommodate this disability? _____

Please check whether any of the following apply to you:

- ☐ High School Dropout
- ☐ Homeless, runaway or foster child
- ☐ Pregnant or parenting
- ☐ Youth Offender
- ☐ Score below 8th grade level reading
(as determined thru testing)
- ☐ Require assistance to complete
education program
- ☐ Require assistance to secure or
hold a job



Mu'o A'e Program Self-Assessment

Date: _____

**** Please print information in pen.**

Name: _____ UH ID #: _____

Aloha! Please respond to the questions as honestly as possible. There are no right or wrong answers. We just want to know more about you. Your responses will help our staff to better understand your needs and recommend support services that may be beneficial for you to achieve your educational and career goals. Mahalo.

1. What made you choose to attend UH Maui College?

2. What are your educational and career goals in attending UH Maui College?

3. How did you learn about the Mu'o A'e program?

4. Why are you interested in participating in the Mu'o A'e program?

5. What activities are you involved in outside of school? (i.e. work, paddling, spending time with my boyfriend/girlfriend, etc.)
6. How do you prioritize school? (Please list in order of importance, with 1st being most important, e.g. 1-family, 2-work, 3-school)
7. What are your strengths? (e.g. confident, organized, passionate, helpful to others, etc.)
8. Please check the boxes next to the obstacles below that could affect your academic progress:
- | | |
|--|---|
| <input type="checkbox"/> lack of \$ | <input type="checkbox"/> feeling academically unprepared |
| <input type="checkbox"/> lack of support from family, friends | <input type="checkbox"/> separation or divorce |
| <input type="checkbox"/> fear of speaking up in class | <input type="checkbox"/> alcohol/drug issues |
| <input type="checkbox"/> need to work part or full-time | <input type="checkbox"/> health concerns |
| <input type="checkbox"/> being a parent | <input type="checkbox"/> busy schedule without classes |
| <input type="checkbox"/> problems at home | <input type="checkbox"/> sleep problems |
| <input type="checkbox"/> poor study habits | <input type="checkbox"/> being forced to attend school |
| <input type="checkbox"/> being easily distracted | <input type="checkbox"/> uncertainty about/lack of commitment to school |
| <input type="checkbox"/> unable to pay attention for periods of time | <input type="checkbox"/> feeling sad or depressed |
| <input type="checkbox"/> bad grades in high school | <input type="checkbox"/> involvement with legal system |
| <input type="checkbox"/> feeling lazy | <input type="checkbox"/> lack of commitment to school |
| <input type="checkbox"/> procrastination | <input type="checkbox"/> been out of school for many years |
9. What potential barriers to success might cause you to drop out during the semester? (**Please refer to obstacles from question above**).