



The Asia Institute, Inc.  
Louisville, Kentucky

## *JumpStart* CHINESE LANGUAGE INSTITUTE



**An intensive 3-week program to develop verbal, written, aural/oral language skills  
for Mandarin Chinese and to expand Chinese cultural experiences**

★  
For high school students in rising 9<sup>th</sup> through 12<sup>th</sup> grades who are  
highly motivated to learn Chinese in an immersion program setting  
or with classroom experience in Chinese language study

★  
**Daily classroom sessions**  
***Field trips and other cultural activities***  
**High school credit awarded based on program completion & base school approval**  
*University of Louisville credits awarded based on qualifications*



**INSTITUTE DATES:** July 7 through July 25, 2008  
**SITE:** Kammerer Middle School, Louisville, KY  
**DAILY CLASSROOM SCHEDULE:** 9:00 AM - 1:00 PM  
All non-classroom activity immediately afterwards  
**FEE:** No tuition to qualified students  
**DEPOSIT:** \$150 required if student is accepted  
Deposit is refundable only upon successful completion of program  
**TRANSPORTATION:** Student must have own transportation mode

**APPLICATION DEADLINE: April 18, 2008**

Acceptance Notification by May 9, 2008

Late applications accepted based on available spots

For application and other requirements, visit [www.cranehouse.org](http://www.cranehouse.org)  
Questions? Call (502) 228-8246 or 635-2240, or email [startalk@insightbb.com](mailto:startalk@insightbb.com)



*JumpStart* is a StarTalk National Language Project administered by the National Foreign Language Center, University of Maryland, in conjunction with a Federal initiative for critical-need languages and in partnership with Jefferson County Public Schools, University of Louisville's Chinese Studies, and Crane House, in Louisville, Kentucky.



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# APPLICATION FORM

### **This application has 2 parts**

**Part 1:** Student Information & Parent Permission form

**Part 2:** Teacher Recommendation form

### **Instructions**

1. Print out Part 1: *Student Application Form*. Fill it in completely and ask your parent or legal guardian to sign it. (All applications must be signed)
2. Print out Part 2: *Teacher Recommendation Form*. **Fill in only your name** under *Student Name*. Ask your Chinese language teacher to fill it in completely, put it into an envelope, seal it, and *sign on the sealed portion of the envelope*. If you have not studied Chinese before, ask your current language teacher or another of your current teachers to complete the form and seal it as described above.
3. Send **BOTH** *Student Application* and *Teacher Recommendation* sealed envelope **TOGETHER** to the following address by **April 18, 2008**  
Ms. Helen Pan  
Program Director  
Crane House  
1244 S. Third St.  
Louisville, KY 40203
4. Questions? Call (502) 228-8246 or 635-2240, or email [startalk@insightbb.com](mailto:startalk@insightbb.com)

★ **APPLICATION DEADLINE** ★

Friday, April 18, 2008

Acceptance Notification by May 9, 2008  
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# JumpStart

CHINESE LANGUAGE INSTITUTE | July 2008

## STUDENT APPLICATION FORM

### STUDENT SECTION

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

School currently attending \_\_\_\_\_ City \_\_\_\_\_ Grade level in Fall 2008 \_\_\_\_\_

If 2008 graduate, name of school graduated from \_\_\_\_\_ City \_\_\_\_\_

Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_  Female  Male

**Answer all questions:** How long you have you studied Chinese? What other language have you studied? Do you speak these language(s) at home? Do you plan to continue studying Chinese or another language? (Attach separate sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why are you interested in participating in the **JumpStart** Chinese Language Institute? What do you hope to gain from this experience?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### In acceptance and participation in the **JumpStart** Chinese Language Institute, the student will agree to the following:

- \* Attend all classes, from Monday to Friday, during the Language Institute period beginning July 7 through July 25, 2008.
- \* Actively participate in all class activities and complete all homework assignments.
- \* Participate in all field trips and other extracurricular activities.

### PARENT/GUARDIAN PERMISSION SECTION

Parent or Guardian name \_\_\_\_\_

Parent/Guardian address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian home telephone (\_\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact 1 \_\_\_\_\_ Home phone (\_\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact 2 \_\_\_\_\_ Home phone (\_\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_\_) \_\_\_\_\_

### The following information will be kept confidential:

Medications \_\_\_\_\_ Allergies \_\_\_\_\_

List any medical or emotional conditions (explain if necessary) \_\_\_\_\_

*In the event of an emergency and JumpStart personnel is unable to contact the parent, guardian, or emergency contact, JumpStart personnel is hereby authorized to seek appropriate medical care, including hospitalization, if necessary. This document gives consent to any hospital, emergency treatment center, doctor, or qualified employee of the same, to administer necessary treatment and care to the student. In the event that the parent, guardian, or emergency contact cannot be reached in an emergency, I hereby give permission to the physician, selected by JumpStart personnel, to hospitalize, secure proper medical procedures, order injection, surgery, or obtain treatment, for the above-listed student.*

Parent/Guardian Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

*I understand the commitment involved in my child's participation in JumpStart Chinese Language Institute. I will ensure that my child will obey all rules, schedules, and meet all obligations of the program (see above), and that he/she has my permission to participate.*

Parent/Guardian Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



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## TEACHER RECOMMENDATION

The student below has applied for entrance into the *JumpStart* Chinese Language Institute to be held in Louisville, KY, from July 7 - 25, 2008. This Institute is selective and supports students who would be committed to an intensive learning setting with full and enthusiastic participation.

Please evaluate this student by completing the Recommendation Form. **Seal this Form into your school's official envelope and write your signature across the sealed areas of the envelope.** Return the envelope to the student to be mailed.

Student name \_\_\_\_\_ Current Grade or Graduation Year \_\_\_\_\_

Teacher name \_\_\_\_\_ Subject(s) taught \_\_\_\_\_

How long have you known this student? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Please rate the student in the following categories (5 being highest, 1 being lowest):

	5	4	3	2	1
<b>ATTENDANCE</b> Is the student rarely tardy to class or absent (excused only), and maintains good attendance habits?					
<b>CLASS PARTICIPATION</b> Does the student show interest and actively participate in class discussions and activities?					
<b>RELIABILITY</b> Does the student complete class work, homework, special assignments in the required time?  Does the student require frequent prodding and reminders to accomplish assigned tasks?					
<b>INTEGRITY</b> Does the student exhibit a sense of right and wrong in school-related circumstances?					
<b>EMOTIONAL STABILITY</b> Is the student emotionally prepared to participate in an intensive, self-motivating type setting?					
<b>ACADEMIC POTENTIAL</b> Is the student motivated to succeed academically?  Does the student exhibit curiosity and interest in learning about world cultures?  Do you feel the student will succeed in an intensive summer language program?					

**Additional comments.** If you are/have been the student's language teacher, please also discuss the student's proficiency level of the language studied. Attach separate sheet if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teacher Signature

Print Name

Date