



MARIMED

Maritime Careers Exploration APPLICATION

Office Use Only

Received: _____

Student #: _____

Classes are held at our Kāne`ohe campus and field trips are at various locations around O`ahu. Final class training activity is a multiple-day interisland sailing voyage followed by a completion ceremony.

Session: _____

Applicant Information

Name: (Full First) _____ (Full Middle) _____

Name: (Last) _____ Nickname/Preferred Name: _____

DOB: _____ Age: _____ Country of Birth _____

Are you Hawaiian/part Hawaiian? Yes No Gender: Male Female

Ethnicity (check all that apply) Native Hawaiian Other Pacific Islander American Indian or Alaska Native Asian
 Caucasian Black/African American Prefer not to answer Other _____

Address: _____

Mobile Phone Number: _____ Able to Text? Yes No

Email Address: _____ Shirt size (Mens): _____

1. Employment Status (check one): Part time Full time Unemployed Weekly Schedule: _____
Name of Employer/Company: _____

2. Current Annual Income (Not including public assistance): _____ \$

3. Are you a single parent? Yes No

4. Do you or your family reside in subsidized housing, emergency, or transitional housing, or receive food stamps or benefits from the Temporary Assistance for Needy Families program? Yes No

5. Are you receiving federal financial aid in the form of a Pell grant? Yes No

6. How will you get to classes? Drive Ride Share/Drop Off Bus Not Sure

Education

1. Last School Attended or Currently Attending: _____

2. Highest Level of Education Completed? _____

3. Are you the first in your family to attend post-secondary school or college? Yes No

4. Which of these did you receive? (check one) H.S. diploma GED Neither

5. What high school did you attend for 12th grade? _____

6. Did you take General Education courses in 2016 or 2017? Yes No

a. If so, did you pass all General Education courses with a C or better? Yes No

b. If you did not pass, state brief reason why. _____

7. Did you take Vocational Education courses in 2016 or 2017? Yes No

a. If so, did you pass all Vocational Education courses with a C or better? Yes No

b. If you did not pass, state brief reason why.

Name: _____

Medical Information

Insuring Company: _____ Member #: _____

Allergies: _____ Asthma: Y N

List any current medical conditions that may impair your ability to fully participate in this hands-on, active learning experience: _____

List any requested American's with Disabilities Act accommodations: _____

Emergency Contact (Primary):

Name: _____ Relation: _____

Address: _____

Telephone No.: _____ Email Address: _____

Emergency Contact (Secondary):

Name: _____ Relation: _____

Address: _____

Telephone No.: _____ Email Address: _____

Referral Information

How did you learn about the program? _____

Who do you know that has completed the program? _____

Please suggest ways that we might publicize or reach others who may be interested in this program: _____

Submit:

- this application, and
- 1 copy of your birth certificate or proof of Native Hawaiian ancestry, and
- 1 copy of a valid picture ID, such as driver license, state ID card, passport, TWIC card, or Merchant Mariner Credential

Applications may be faxed, emailed, or mailed
to: Maritime Careers Exploration
45-021 Likeke Pl.
Kāne`ohe, HI 96744

Fax (808) 247-0330
mce@Marimed.org

Call (808) 349-3774 if you have any questions; we're happy to help.

View class activities and job opportunities on Facebook **Maritime.Careers.Exploration**



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