



# Maritime Careers Exploration

Office Use Only
Received: _____
Student #: _____

## April 12-May 12, 2017 APPLICATION

Classes are held at our Kāne`ohe campus and field trips are at various locations around O`ahu.  
Final class activity is an interisland ocean training sailing voyage.

Schedule is **April 12-May 12: 8 am to 3 pm** (Monday to Friday) AND **May 3-9 voyage**.  
**May 12 at 6 pm** is the recognition ceremony.

### Applicant Information

Name: (Full First) \_\_\_\_\_ (Full Middle) \_\_\_\_\_

Name: (Last) \_\_\_\_\_ Nickname/Preferred Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Country of Birth \_\_\_\_\_

Are you Hawaiian/part Hawaiian? (proof required) Yes No Gender: Male Female

Ethnicity (check all that apply)  White  Black or African American  Asian  American Indian or Alaska Native

Native Hawaiian  Other Pacific Islander  Refuse to answer  Other \_\_\_\_\_

Address: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_ Able to Text? Yes No

Email Address: \_\_\_\_\_

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

### 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 12<sup>th</sup> grade? \_\_\_\_\_
6. Did you take General Education courses in 2015? 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 2015? 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 the program: \_\_\_\_\_

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: \_\_\_\_\_

Applications may be faxed, emailed, or mailed to:

Maritime Careers Exploration, Attn: Jodie Yim

45-021 Likeke Pl.

Kāne`ohe, HI 96744

Fax (808) 235-1074

[jodie.yim@marimed.org](mailto:jodie.yim@marimed.org)



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