**** **Maritime Careers Exploration**

Office Use Only

Received:\_\_\_\_\_\_\_\_\_\_

Student #:\_\_\_\_\_\_\_\_\_\_

 **MARIMED APPLICATION**

 **July 25th-August 20th**

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.

 Summer B Class: **July 25-August 20**: 8:30 am to 3:30 pm (Monday to Friday) **Voyage: August 9-20**

## 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:

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
	1. If so, did you pass all General Education courses with a C or better? [ ]  Yes [ ]  No
	2. If you did not pass, state brief reason why.
7. Did you take Vocational Education courses in 2016 or 2017? [ ]  Yes [ ]  No
	1. If so, did you pass all Vocational Education courses with a C or better? [ ]  Yes [ ]  No
	2. 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

Attn: Molly Arthur

45-021 Likeke Pl.

Kāne`ohe, HI 96744

Fax (808) 247-0330

Molly.Arthur@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**



11/2016