**** **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.

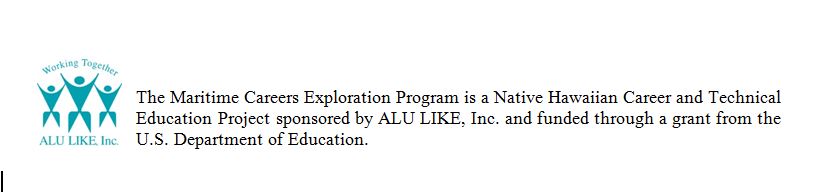
Kāne`ohe, HI 96744

Fax (808) 247-0330

[Molly.Arthur@Marimed.org](mailto: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