



2019 Program Year

Marimed Foundation

Maritime Careers Exploration & Placement Application

Applications must be filled out completely to be considered for the course.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____
(Required) (Required, your email address not someone else's email address)

Date of Birth: _____ Age: _____ Gender: FEMALE MALE T-shirt Size (Men's): _____

Are you Native Hawaiian? YES NO

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

Employment Status? Full Time Part Time Unemployed If unemployed, last date of employment: _____

If employed name of Employer/Company: _____

Will you be employed during the class? YES NO

Current Annual Income: (not including public assistance) _____

Are you a single parent? YES NO

Do you or your family reside in subsidized housing, emergency, or transitional housing, or receive food stamps or benefits from TANF? (**Please circle all that apply**) YES NO

Education

Where did you attend high school: _____

Did you receive your high school diploma? YES NO If no, do you have your GED? : YES NO If no, do you have a Competency-Based Diploma? YES NO

Did you attend post-secondary school or college? YES NO Did you complete? YES NO STILL ATTENDING

Are you the first in your family to attend post-secondary school or college? YES NO

Are you receiving federal financial aid in the form of a Pell grant? YES NO

NAME: _____

Medical Information

Insuring Company: _____ Member #: _____

Do you have allergies: _____

Do you have Asthma? YES NO

List any medical conditions that may impair your ability to fully participate in this hands on program :

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

Emergency Contact Information

Name: _____ Phone: _____

Address: _____ Relationship: _____

Name: _____ Phone: _____

Address: _____ Relationship: _____

Referral Information

How did you hear about the program? _____

Who do you know that has completed the program?
(first and last name if possible) _____

Application Submission & Enrollment Process

Step 1. Please forward your completed application to MCE@marimed.org or MCE, Attn: Melissa Hebert, 45-025 Likeke Place, Kaneohe, Hawaii 96744 with the following documents to be considered for the program:

- Native Hawaiian Applicants: • Proof of Native Hawaiian Ancestry (birth certificate, OHA card, etc)
- Copy of a valid picture identification, such as driver's license, state identification card, passport, TWIC card, or Merchant Mariner Credential

Step 2. We will contact you upon receive your application and supporting documentations to set up an enrollment/ orientation meeting with you. If you have not heard from us within 7 days of sending in your application, please contact us to ensure that we have received your application.

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