

**MARINE SCIENCE PROGRAM
PRE-APPLICATION**

STUDENT'S NAME: (please print)

HOME/CELL PHONE:

HP _____ CP _____

PARENT'S NAME: (please print)

WORK PHONE:

MAILING ADDRESS: (please print)

E-MAIL _____

(street #)

(street name)

(city)

(state)

(zip code)

CURRENT SCHOOL: _____

In August 2018, what grade will you be **entering**? _____

Have you previously been in this Marine Science Program? Yes/No Year(s) _____

SESSION REQUESTED: (circle and identify 1st and 2nd choices)

May 29 to June 7

June 11 to June 21

June 25 to July 6

no preference

(See Parent Information Sheet for exact dates during each session.)

PARENT OR GUARDIAN SIGNATURE:

DATE:

(Students are selected for the program based on teacher recommendations and the essay on the back of this sheet. Final application forms will be mailed to parents at the end of March)

(Do not complete this section. It is to be completed by your science teacher.)

SCIENCE TEACHER RECOMMENDATION: (1-5 with 5 being highest score)

Enthusiasm for science: _____

Academic Achievement: _____

Responsibility: _____

Behavior and Attitude: _____

TOTAL: _____

(teacher signature)

(teacher print name)

TURN OVER

