INSTRUCTIONS

The program is open to high school students who have completed their freshman, sophomore, or junior years and have successfully completed at least one high school level science and one high school level mathematics course. Applications to the program will be accepted beginning January 1, 2017. Admissions are made on a rolling basis with monthly reviews until the program is full (30 student capacity in each session).

Interested students should apply by submitting the following required items in one complete packet via fax to 1-800-977-8516 or via mail to SEA High School Admissions, P.O. Box 6, Woods Hole, MA 02543.

**Required materials (submitted together):**
- PDF application form
- One page original essay addressing your interest in the program
- $25 application fee: submit check with application materials if sent by mail, made payable to “Sea Education Association” (please write student’s name and “HS Program” on the check) or pay online at: https://cart.sea.edu/student_form.php

**Supplemental required materials (submitted separately):**
- Current high school transcript(s), submitted directly from your school via mail or fax
- PDF reference form from a current teacher

**Application Process**
Applicants must submit all application items together in one complete packet (excluding the reference form). An acknowledgement letter will be mailed upon receipt of your application. In order to ensure prompt review, please list your name and the session to which you are applying on each item. Applicants may follow up with the SEA Admission Office at any time to check on the status of their application.

APPLICANT INFORMATION

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<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
<th>Nickname (prefer to be called)</th>
<th>Gender</th>
<th>Non-binary/third gender</th>
<th>Prefer to self-describe</th>
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<th>Home Address</th>
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<tr>
<th>Name of High School</th>
<th>Year of Graduation</th>
<th>Date of Birth</th>
<th>Citizenship</th>
<th>Country (if not USA)</th>
<th>Alien Status</th>
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<td>U.S.</td>
<td>Other</td>
<td>Student Visa</td>
<td>Visa Type</td>
<td>☐ No ☐ Yes (please specify)</td>
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PROGRAM PREFERENCE

Enter one program for each choice, but only if you are willing/able to participate in your second choice. (Choices: Session 1 or Session 2)

First Choice

Second Choice

Have you applied to an SEA High School Program in the past? ☐ Yes ☐ No If so, what year?

Have you attended an SEA High School Program in the past? ☐ Yes ☐ No If so, which program and what year?
SEASCape: Application & Admission (continued)

FAMILY INFORMATION

Please check the box next to the name of the person to whom official SEA correspondence should be sent.

☐ Parent / Guardian 1’s name ________________________ Relationship to Applicant ________________________
Home Address ________________________________________________________________
City __________________________ State __________________________ Zip __________
Home Phone (____) __________________________ Cell Phone (____) __________________________
E-mail(s) __________________________

☐ Parent / Guardian 2’s name ________________________ Relationship to Applicant ________________________
Home Address ________________________________________________________________
City __________________________ State __________________________ Zip __________
Home Phone (____) __________________________ Cell Phone (____) __________________________
E-mail(s) __________________________

My parents are: ☐ Married ☐ Separated ☐ Divorced ☐ Father Deceased ☐ Mother Deceased
Who will assume financial responsibility for your SEA Program? __________________________ Relationship to you __________________________

FINANCIAL ASSISTANCE

Applying for financial assistance will in no way affect your chances for admission. In order to be considered for need-based financial assistance from SEA, check this box. ☐ Yes, I will apply for financial assistance.

List the names (and relationship to you) of any family members who have participated in an SEA program __________________________

How did you first learn of the Sea Education Association (SEA) programs? __________________________
Name of person who referred you __________________________ Affiliation with SEA __________________________

REFERENCE

List here the individual whom you have asked to complete a reference form on your behalf. It is preferable that this person is your current science teacher. You may submit more than one reference, especially if your strongest reference is not a science teacher.

Full Name __________________________ Phone __________________________
Address __________________________ Email __________________________

Please sign and date this application. This is an indication that all the information contained herein (application and essay) is factually correct and honestly presented by me, the student.

Student’s Signature __________________________ Date __________________________
Parent or Guardian’s Signature (required for applicants under 18) __________________________ Date __________________________

Mail to: SEA High School Admissions, P.O. Box 6, Woods Hole, MA 02543 or Fax to: 1-800-977-8516
Please contact us with any questions at 800-552-3633 or admission@sea.edu