



# SEAScape Application & Admission

## 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](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

First Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Middle Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Last Name \_\_\_\_\_

Name of High School \_\_\_\_\_

Nickname (prefer to be called) \_\_\_\_\_

Year of Graduation \_\_\_\_\_

Gender  Male  Female  Non-binary/third gender

Date of Birth \_\_\_\_\_

Prefer to self-describe \_\_\_\_\_

Citizenship:  U.S.  Other

Home Address \_\_\_\_\_

Country (if not USA) \_\_\_\_\_

City \_\_\_\_\_

Alien Status:  Student Visa Visa Type \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Do you wish to be identified as a member of a particular ethnic or minority group?  No  Yes (please specify) \_\_\_\_\_

Country (if not USA) \_\_\_\_\_

E-mail (s) \_\_\_\_\_

## 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 \_\_\_\_\_ Employer \_\_\_\_\_  
City \_\_\_\_\_ Job Title \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Business Address \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ City \_\_\_\_\_  
E-mail (s) \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Parent / Guardian 2's name** \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_  
Home Address \_\_\_\_\_ Employer \_\_\_\_\_  
City \_\_\_\_\_ Job Title \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Business Address \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ City \_\_\_\_\_  
E-mail (s) \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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](mailto:admission@sea.edu)